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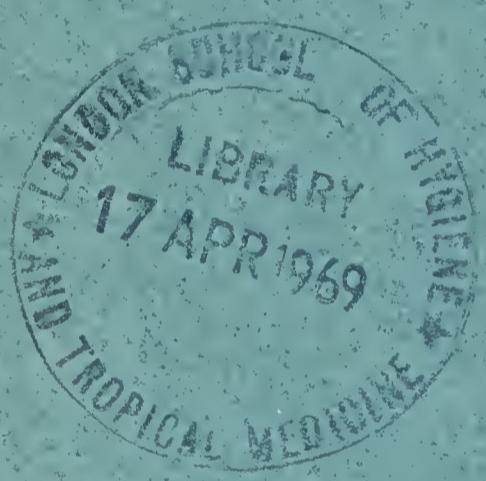
II

THE HEALTH
OF
BARNESLEY

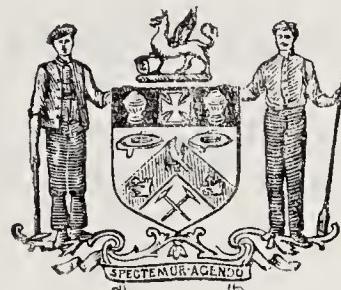


1963

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THE HEALTH OF BARNSLEY
1963

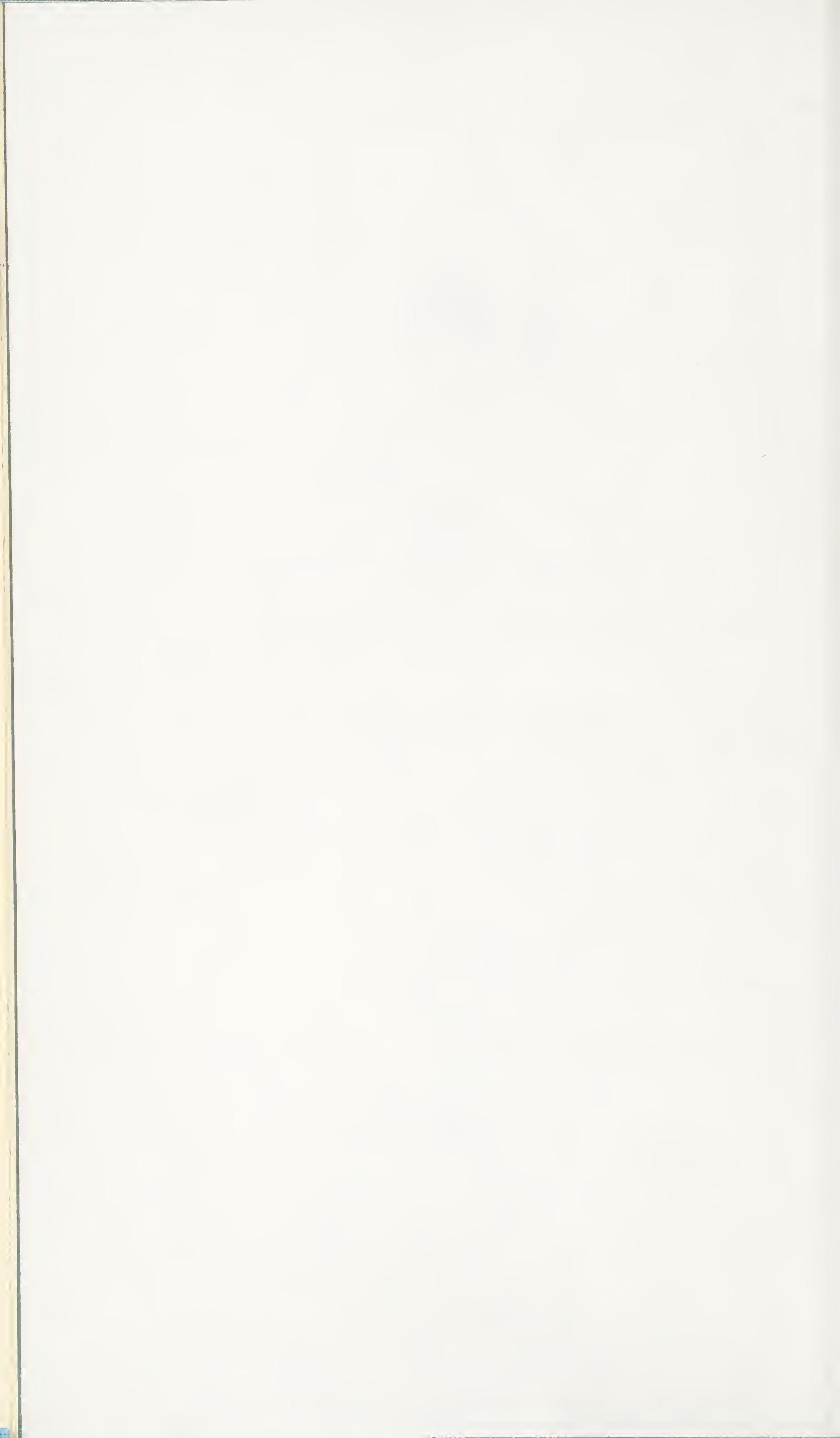


The Annual Report of the
Medical Officer of Health

The Annual Report of the
Principal School Medical
Officer

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Medical Officer of Health
Principal School Medical Officer*



FOREWORD

"I find you want me to furnish you with argument and intellects too. No, Sir, there I protest you are too hard for me".

The Vicar of Wakefield, Ch. 7.
Oliver Goldsmith, 1728-1774

In preparing an annual report on the health of a community the tendency is to follow the pattern of its predecessors fairly closely. There are arguments for and against this. Those against it are based mostly on the suggestion that more interest will be stimulated in the subject matter if there is originality and variety in its presentation. On the other hand, the case in favour of following a well tried pattern is, in the first place, that the instructions of the various government departments as to content are more readily complied with in this way. Then comparison with previous years is greatly facilitated when information relating to the current year is presented in as nearly as possible similar form. On the balance then it has been felt wise over the years to evolve a more or less standardised form for the Annual Report on the Health of Barnsley and it will be found that this one for 1963 follows the general lines of those for previous years.

Despite this tendency to standardisation, on reading through annual reports each one seems to emphasise at least one particular aspect of the health of the community. In 1963 it would seem that the singular indifference on the part of the community to the need for good food hygiene in shops, market stalls and restaurants stands out, highlighted by two outbreaks of food poisoning. Any worker in the public health service will testify to the deluge of complaints which is received if members of the public are subjected to even the mildest whiff of a smell which might be regarded as unpleasant. Yet it is an old aphorism that "nobody has ever died of a smell". On the other hand, members of the community daily witness outrages against good food hygiene being perpetrated in their presence by those who sell them their food.

The smallness of the number of complaints received relating to the unhygienic handling of food is truly remarkable. This is the more so when it is realised that unlike unpleasant smells, these practices can and do result in illness and even death. Careful personal observation in shops and other premises over a period of months confirms the suspicion that though noticed, no remonstrance is made, presumably on account of the English national characteristic of fear of a scene and dislike for argument. It may,

of course, be that idea that hygienically sold food costs more may have something to do with this, whilst the possibility that most people suppose that remonstrance will go unheeded must not be overlooked. Be the cause what it is, members of the public do not play the part they might do in protecting their own food supply.

The local authority and their officers expend a great deal of effort in measures to prevent food borne disease and it would be indeed difficult to find further fields into which this effort might be directed. It would seem that the most important lesson to be learned from this year's report is the need for greater co-operation from the public in eliminating "death in the pot" from Barnsley. Much could be effected by remonstrance each time an unhygienic practice is observed in a shop or cafe supported by non-acceptance of mis-handled articles of food. Still more could be achieved by refusal to deal with those establishments whose hygiene falls short of the highest standards. After all "the customer is always right".

Apart from those incidents which focussed attention on food hygiene, 1963 produced few outstanding problems in the health field.

The vital statistics for the County Borough, Part I, are satisfactory. The infant mortality figure has failed to equal the exceptionally low record of 1962. This was, of course, not unexpected. As far as the peri-natal mortality statistics are concerned, these are very much of the order normally encountered in a community with Barnsley's industrial and social pattern. Attention is, however, being given to the causes of deaths amongst babies between one month and one year old. It is possible that from study of these something of value will be learned. In Part II Epidemiology, apart from foodpoisoning, no incident worthy of note is reported.

In the Social and Personal Health Services (Part III) a steady year's work is reported. Full use appears to be made of the services offered by the authority. It is pleasing to note that there has been no falling off in the demand for protection against preventable disease by immunisation. The demand for domiciliary services for the aged appears to have become stabilised. This allows them to be operated more and more effectively. The outstanding need for the aged is adequate institutional care for the patient with senile mental disturbance.

In the part devoted to Mental Health, Part IV, the need for early implementation of the Hospital Plan for England as it affects mental illness in Barnsley has been once again reiterated. In the Care of the Handicapped described in Part V, further solid progress has been made.

Attention has already been drawn to food borne disease, the prevention of which accounts for much of the work reported upon

in Part VI, Environmental Hygiene. It would appear that this part of the report for 1963 is perhaps the one most deserving of study and consideration. In addition to facts and figures concerned with food, this part also contains much material of interest relating to clean air. As well as this the less dramatic side of the authority's work in the field of slum clearance is described.

In providing his statistical notes for this part of the report, the Chief Public Health Inspector writes:

"As the year 1963 was the fiftieth anniversary of Barnsley becoming a County Borough, it is interesting to look at the Sanitary Inspector's Annual Report for 1913, and a comparison between the items shown in that report and those set out in this report shows the diversity and scope of matters now dealt with which were never envisaged fifty years ago.

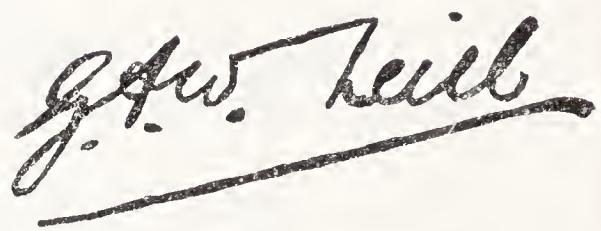
"The first item in the 1913 report is headed "Smoke Observations" and shows that 22 observations were taken of chimneys belonging to various works and manufacturers within the Borough and three Notices were served on owners on account of excessive amounts of smoke being emitted. Although smoke from domestic chimneys is not mentioned it seems that pollution of the atmosphere was a matter engaging the attention of the Sanitary Department fifty years ago as it is today.

"Reference is made in the 1913 report to slaughterhouses, the inspection of meat, fish, rabbits, poultry, fruit and vegetables, and the taking of samples of foodstuffs for analysis. At that time there were 21 slaughterhouses and the report states that "considering their scattered positions, it is almost an impossibility to keep such supervision over them as is necessary". Fortunately in 1963, this does not now apply. All but one slaughterhouse having been done away with, our public abattoir is now in the place where the majority of the animals are slaughtered for food and where the necessary supervision can be exercised. In both the abattoir and the one private slaughterhouse, every carcase and its organs, is inspected before being released for human consumption".

The health of children attending schools in Barnsley is dealt with in Part VII. The fact that this has been excellent for a number of years past makes a report on school health which is interesting to read increasingly difficult to achieve. For this reason, no apology is made for the reiteration of statements made in previous years.

Every effort has been made in the preparation of this report to ensure that it complies with the various instructions contained in statutes and circulars from the Ministers concerned and it is presented in accordance with these.

It remains then only to thank all those people whose efforts and goodwill have contributed to a successful year's work. At the same time, it is desired to express on behalf of all the staff, appreciation of the many kindnesses and courtesies extended by the Mayor, Aldermen and Councillors.

A handwritten signature in black ink, appearing to read "G.W. Reid".

Medical Officer of Health and
Principal School Medical Officer

27th August, 1964

PART I

SOCIAL AND STATISTICAL INFORMATION

"Perfect little body, without fault or stain on thee,
With promise of strength and manhood full and fair!"

On a Dead Child.
Robert Bridges, 1844-1930

1. Geographical Situation: Latitude $53^{\circ} 33''$ N.
Longitude $1^{\circ} 29''$ W.
2. Elevation: 125 ft. to 575 ft.
3. Area of County Borough: 7,817 acres.
4. Population: (a) Census 1961 74,650
(b) Registrar General's estimate
(1963 mid-year) 75,000
5. Density of Population: 9.53 persons per acre.
6. No. of inhabited houses: 23,685.
7. Rateable value at 31st December, 1963: £2,148,070.
8. Sum represented by a penny rate: £8,417.

SOCIAL CONDITIONS

The long period of prosperity which the staple industries in the Barnsley area have enjoyed in recent years has facilitated the laying down of a sound foundation of community health. On this account the figures for unemployment need not give rise to any apprehension of immediate effect on this score. Furthermore, modern welfare services can be relied upon to prevent most, if not all the hazards to health associated with trade recessions in the past.

The figures for the County Borough area provided by the Manager of the Employment Exchange confirm this. It should be noted that these figures do not exactly cover the year from 1st January to 31st December, nevertheless they are most valuable and completely adequate for the purposes of this report. They are as follows:

	Men 18 and over	Women 18 and over	Total
As at 15.1.63—			
Wholly unemployed	1040	233	1273
Temporarily unemployed	556	26	582
As at 19.12.63—			
Wholly unemployed	779	216	995
Temporarily unemployed	23	1	24

VITAL STATISTICS

Births

	Males	Females	Total
Legitimate	711	634	1345
Illegitimate	32	37	69
	743	671	1414

Birth Rate per 1,000 population	....	....	....	18.85
Adjusted by application of comparability factor of 0.99	....	....	....	18.47
Illegitimate Live Births (percentage of total live births)	....	....	....	4.89

Stillbirths

	Males	Females	Total
Legitimate	19	17	36
Illegitimate	—	2	2
	19	19	38

Rate per 1,000 total births (live and still) ....	....	26.16
Total live and stillbirths	1,452

Infant Mortality

Infant deaths under one year of age	33
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Infant Mortality Rates

Total Infant Deaths per 1,000 total live births	23.34
Legitimate Infant Deaths per 1,000 legitimate live births ....	....	23.05
Illegitimate Infant Deaths per 1,000 illegitimate live births ....	....	29.00

Neo-Natal Mortality Rate

Deaths under 4 weeks per 1,000 total live births	12.73
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Early Neo-Natal Mortality Rate

Deaths under 1 week per 1,000 total live births	10.61
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Perinatal Mortality Rate

Stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths	36.50
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ANALYSIS OF PERINATAL MORTALITY

Total perinatal deaths = 55 (i.e. stillbirths plus deaths under 1 week of age). Of these, 38 were stillbirths and 17, though born alive, subsequently died within 1 week of birth. Of the 17 born alive and subsequently dying within 1 week of birth, 7 were full term when born and 10 were premature at birth.

Of the 10 premature live births, 3 weighed 4 lbs. or less when born, the remaining 7 weighed between 4 lbs. and $5\frac{1}{2}$ lbs. at birth.

Of the 38 stillbirths, 14 when born were full term and 24 were premature.

Of the 24 premature stillbirths, no less than 15 weighed 4 lbs. or less at birth and 9 weighed between 4 lbs. and $5\frac{1}{2}$ lbs.

It is emphasised that in many cases more than one factor has operated in the causation of death, e.g. in many deaths due to Pulmonary Atelectasis, prematurity has also existed and in the following table, only the major factor operating has been listed and taken to be the main cause of death.

Deaths in First Week of Life

Pulmonary Atelectasis	....	....	....	....	....	....	9
Congenital Malformations	....	....	....	....	....	....	2
Gross Prematurity	....	....	....	....	....	....	3
Cerebral Haemorrhage	....	....	....	....	....	....	2
Pneumonia (following aspiration of birth fluid)	....	....	....	....	....	....	1
							17

Stillbirths

Likewise in the case of stillbirths, multiple factors often operate as causal factors and in the following table only the major factor operating has been listed as the cause of death.

Ante-Partum Haemorrhage	....	....	....	....	....	....	6
Congenital Malformations	....	....	....	....	....	....	4
Foetal Anoxia	....	....	....	....	....	....	2
Gross Prematurity	....	....	....	....	....	....	4
Birth Injury	....	....	....	....	....	....	2
Strangulation in utero	....	....	....	....	....	....	5
Placenta Praevia	....	....	....	....	....	....	2
Rhesus Incompatibility	....	....	....	....	....	....	2
Post-Maturity	....	....	....	....	....	....	2
Toxaemia of Pregnancy	....	....	....	....	....	....	1
Cause unknown	....	....	....	....	....	....	8
							38

ANALYSIS OF INFANT DEATHS 1 week—1 year

		Premature	Full time	Total
Acute Bronchitis and Gastro-Enteritis	....	—	—	—
Gastro-Enteritis	....	....	3	3
Broncho-Pneumonia	....	....	1	3
Congenital Deformities	....	....	—	3
Pneumococcal Meningitis	....	....	—	1
Asphyxia (accidental)	....	....	—	3
Fibrocystic Disease of the Pancreas and Broncho-Pneumonia	....	....	—	—
Acute Bronchitis	....	....	1	1
Broncho-Pneumonia and Gastro-Enteritis	—	—	—	—
	Total	2	14	16

MATERNAL MORTALITY

No maternal deaths were registered in the County Borough during 1963.

DEATHS

Males—462	Females—377	Total—839
Crude Death Rate per 1,000 population	....	11.19
Adjusted Death Rate by application of comparability factor of 1.24	....	13.76

Comparison with 1962 shows a decrease of 5 deaths. As a result both the crude and adjusted death rates for the County Borough are slightly lower than they were in the previous year. The adjusted figure is shown in Table I in the appendix.

A detailed statement of the number of deaths attributable to each of the causes in the abbreviated list is shown in Table I. The age group at death and the distribution of deaths between the sexes is also shown in this Table.

Pulmonary Tuberculosis accounted for 5 deaths.

Pneumonia and Bronchitis were credited with 135 deaths, 5 more than in 1962.

Cancer deaths amounted to 138, 20 more than in 1962.

The findings at inquests held by H.M. Coroner during 1963 on Barnsley residents were as follows:

		Male	Female
1.	Deaths certified from natural causes	15	1
2.	Deaths certified as Road Traffic Accidents	1	—
3.	Deaths certified as Occupation Accidents	2	—
4.	Deaths certified as Home and other Accidents	6	8
5.	Deaths certified as Suicide	7	2
6.	Deaths certified as Homicide	1	1
7.	Any other causes (Industrial Disease)	7	—
8.	Open Verdict	1	2
		40	14

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Comment

The vital statistics for 1963 are most satisfactory. The birth rate is above the National average and is fractionally lower than the figure for Barnsley last year. The death rate remains above the figure for England and Wales. This figure for Barnsley is also fractionally lower than last year's whilst the National one is fractionally higher. The increase in the number of illegitimate births need not be regarded as of any significance. The infantile mortality figure of 23.34 having regard to the nature of the area and to past figures is not unduly high when compared with the National one of 20.9. Coming as it does after the exceptional one for 1962 this might at first appear to be something of a setback. In fact, reference to Table II will show that overall improvement in infantile mortality in Barnsley has followed a definite pattern over the past 20 years. This has consisted of a marked fall in the rate for one year followed by a rising figure for one or two years followed by another fall. If five-year averages are taken they are not, having regard to all the factors, unsatisfactory and they maintain fairly consistently a constant relationship to the National figure.

If attention be paid to the recent survey of perinatal mortality carried out by the National Birthday Trust and the report of the Maternity Services Emergency Informal Committee it will be observed that one of the most important statistical factors in infantile mortality is the proportion in any community of the five social classes or groups. Where classes I to III predominate a markedly low figure is to be expected than where classes IV and V predominate. Reference to the lastest detailed census return for Barnsley shows that classes IV and V account for 404 out of every 1,000 of the population compared with 312 for the West Riding of Yorkshire as a whole and also that this proportion is materially higher in Barnsley than in any other County Borough in the West Riding. Having regard to this it might be shown statistically that were the measures taken by the health authority to deal with infant mortality not most effective, the disparity between the figures for Barnsley and the National figures would be much greater than they are.

However, little would be effected by such an exercise. It is more important to analyse the recorded infant deaths and still-births with a view to ascertaining whether any lesson is to be learned for local application in the future. With perinatal mortality this is being done Nationally and it would appear that with regard to stillbirths and neo-natal deaths the position in Barnsley differs little from the other industrial communities of England and Wales. It conforms to the social composition of the community.

In the case of deaths in children aged from one month to one year, however, there may be some differences. Investigation and follow-up suggests that a number of infants in this age group have died from respiratory infections which have had an insidious onset and an unusually rapid course. In some cases it is difficult to avoid asking the questions, "Would the outcome have been the same had the gravity of the condition been recognised earlier?" "Was everyone concerned with the infant aware that they had a really ill child on their hands soon enough?" These questions are extremely difficult to answer. There are individuals who readily recognise illness in others and those who do not. It has been suggested that an attempt to assess this ability in parents by the authority's medical officers and health visitors might be a start in dealing with this problem, particularly if such assessment were to be followed up by additional assistance, advice and guidance to those who patently lack the ability to recognise a sick child. Steps are being taken to put this suggestion into practical application. It may be that in future years this will have some effect in further reducing the disparity between the infant mortality figures for Barnsley and those for England and Wales.

It is pleasing once again to be able to report the absence of deaths attributed to child birth. Table I which shows by age groups the numbers of deaths attributable to various causes calls for little comment.

The overall increase in cancer deaths by 5, when compared with the figures for 1962 is of little importance. It is, however, significant to note that these 36 deaths from cancer of the lung and bronchus compared with 18 in 1962. Surely this doubling of the number of deaths from this condition, combined with recent reports on the effects of tobacco on the lungs should give smokers and would-be smokers in Barnsley cause for reflection. Once cancer is established in the lungs or bronchus it is too late to become a non-smoker. The time to stop smoking is in the teens and early twenties, or better still, not to start at all.

TABLE I
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1963



PART I APPENDIX.

TABLE II

Vital Statistics

Barnsley County Borough compared with those for England and Wales for Twenty Years

Year	LIVE BIRTHS			DEATHS			Deaths under 1 year of age			Maternal Mortality	
	Total (Est.) Popu- lation	Num- ber	Rate per 1000 Pop.	Rate for England & Wales		Barnsley adjusted	Rate per 1000 Pop.	Rate for England & Wales	Barnsley	Rate per 1000 Live Births	Rate for England & Wales
				Rate per 1000 Pop.	Number						
1944	68260	1540	22.50	17.6	802	11.75	11.6	62	40	46	1.89
1945	69170	1377	19.90	16.1	845	12.22	11.4	78	56	46	1.42
1946	72430	1555	21.47	19.1	852	11.76	11.5	61	39	43	0.63
1947	73600	1663	22.59	20.5	875	11.88	12.0	72	43	41	1.17
1948	74730	1560	20.87	17.9	804	10.75	10.8	73	46	34	2.50
1949	75250	1436	19.08	16.7	803	10.67	11.7	59	41	32	0.00
1950	75780	1444	19.06	15.8	814	10.74	11.6	50	34	29	2.03
1951	74890	1342	17.92	15.5	883	11.97	12.5	43	32	29	0.73
1952	74730	1374	18.38	15.3	876	11.72	11.3	53	38	27.6	0.73
1953	74740	1370	18.33	15.5	813	12.83	11.4	51	37.22	0.71	0.72
1954	74850	1263	16.70	15.2	759	12.43	11.3	41	32.42	26.8	0.00
1955	74760	1255	16.62	15.0	826	13.02	11.7	49	39.04	25.4	0.00
1956	74830	1340	17.72	15.6	804	13.21	11.7	38	29.10	23.7	0.00
1957	75360	1324	17.39	16.1	802	13.19	11.5	33	24.92	23.0	0.75
1958	75580	1311	17.16	16.4	812	13.31	11.7	36	27.46	23.7	0.74
1959	75400	1382	18.15	16.5	837	13.65	11.6	32	23.15	22.6	0.43
1960	75450	1358	17.81	17.1	825	13.55	11.5	42	30.92	21.9	0.00
1961	74590	1378	18.28	17.4	871	14.33	12.0	37	26.85	21.6	0.00
1962	74910	1425	18.83	18.0	844	13.96	11.9	23	16.14	21.4	0.69
1963	75000	1414	18.47	18.2	839	13.76	12.2	33	23.34	20.9	0.28

PART II

EPIDEMIOLOGY

If you disseminate sometimes, your knowledge of that you are thought to know, you shall be thought, another time, to know that you know not.

Essays of Discourse, No. 32
Francis Bacon, 1561-1626

The total number of cases of infectious disease reported in Barnsley in 1963 amounted to 1,033. The ages of persons affected and the geographical distribution by Municipal Wards are set out in Table I. The seasonal distribution is shown in Table II in the appendix to this part of the report.

Details of the various diseases notified are as follows:

Scarlet Fever: 59 cases.

This compares with 66 in 1962. It would seem that the amount of streptococcal infection in the community has shown little change over the past few years.

Diphtheria:

Freedom from this disease has continued, no case being notified during the year.

Pneumonia:

137 cases were notified as compared with 142 in 1962.

Meningococcal Infection:

There were 3 notifications.

Measles:

560 cases were notified. The two year cyclical increase in measles due in 1963 started in the last two months of 1962, therefore the total incidence of some 1,100 cases was spread over the two years rather than being attributed to one. Thus though 1963 should have had more cases than 1962, this was not the case. There were 633 cases in 1962. 414 of the cases in 1963 occurred in the first four months of the year.

Whooping Cough:

There were 31 cases of this disease. In 1962 the number was 19 but this increase is not significant.

Puerperal Pyrexia:

20 notifications were received compared with 17 in 1962 and 45 in 1961.

Poliomyelitis:

No notifications were received.

Dysentery and Food Poisoning:

207 cases of dysentery and 13 of food poisoning were notified.

The arrangements which have existed in Barnsley over the past 9 years were continued whereby general practitioners advise the Health Department of cases of gastro-enteritis and the department then carries out the detailed investigation of them, reporting to the family doctor the results.

Thus all notifications are fully confirmed bacteriologically. This is most valuable and much is being learned regarding the significance of Sonné Dysentery in school children. Tribute must here and now be paid to those general practitioners who have so loyally stood by this arrangement despite the many difficulties it entails.

The notifications of Sonné Dysentery, some 207, represent a material increase over those for 1962 (88). The increase in the number of cases of food poisoning need not be regarded as significant.

It is possible that one outbreak of food poisoning amounting to perhaps 50 cases, due to Clostridium welchii, occurred under circumstances where no notification of any of these cases was received by the Medical Officer of Health. The facts relating to this incident are related in that part of this report which deals with food hygiene. Apart from this, no other major outbreak of illness due to food was reported during the year.

Comment:

The overall picture of the common infectious diseases in Barnsley during 1963 is on the whole a satisfactory one. As in the previous years, measles claimed the largest number of notifications of any one disease. This circumstance need not be regarded as abnormal and is indeed an expected consequence of the cyclical prevalence of measles. As in past years notification and follow-up of measles cases has ensured that a number of un-notified cases have come to light and steps have been taken to ensure that they receive adequate attention. This is a most important factor in ensuring the care of young children. Again, plans for immunisation against measles must for the present lie in abeyance whilst the necessary tests and research take place to find a vaccine which is in all respects suitable for administration to every infant without causing unwanted side effects.

The slight increase in the number of cases of whooping cough is somewhat disappointing. It emphasises that a very real risk from this dangerous and potentially crippling condition still exists for unprotected children.

The increased numbers of cases of dysentery and food poisoning give cause for thought. In last year's report mention was made of the indifference of the community to food hygiene in

shops and markets. It is only the constant vigilance of the general practitioners, health visitors and public health inspectors that succeeds in containing these conditions within even the limits experienced in 1963. The potential danger to health from the more virulent members of the salmonella group of organisms, particularly S.typhi, should need little emphasis at the time of writing. It would be well if those members of the community whose job it is to sell and prepare food for others would appreciate that immunity from typhoid fever cannot be taken for granted. This immunity can only be achieved by each and every member of the community working in unison to ensure that no individual eats, in however microscopic portions, any part of another's faeces.

Tuberculosis:

Notifications of pulmonary tuberculosis amounted to 35 during the year. There were two notifications of non-pulmonary tuberculosis, both of these being females. In one case the mesenteric glands were affected and in the other the spine. Two new cases of pulmonary and one of non-pulmonary tuberculosis came to the notice of the Medical Officer of Health through death returns for the Registrar.

The distribution of non-pulmonary cases was as follows:

	Males	Females
Mesenteric Glands	—	1
Spine	—	1
	—	—
	—	2
	—	—

Comment:

At first it would appear that the notification of 35 new cases in 1963 as compared with 25 in 1962 shows a material increase in the incidence of the disease. This is, of course, not necessarily so. Of the cases notified, only 12 occurred in persons under 35 years of age. In addition to this, 24 cases of significant tuberculosis were detected by the Mass X-ray survey held in October and November. Eleven of these cases were active and all but one of these was aged over 35. It would appear that this apparent increase in incidence is rather an increase in detection as in most cases where the patient is over 35, the infection has been present several years. It is interesting to observe that this occurred in a year which was also noted for an increase in the use by the public of the facilities offered by the Mass X-ray unit.

Examination of an analysis of the age groups in which these cases occurred is most satisfying. This shows that the older patients with less obtrusive symptoms are being found. With treatment, each of these is being cleared of his infection and gradually the reservoirs of tuberculous infection are being eradicated from the community.

Again it suggests that the pleas that have been made by so many people associated with the health authority for the older folk to attend for mass X-ray have not gone entirely unheeded. This in turn cannot but give encouragement to both members and officers of the health authority who have put efforts into achieving this end.

Venereal Diseases:

The figures for new cases attending the Barnsley Special Treatment Centre and giving addresses in Barnsley were:

Syphilis ....	....	....	....	....	7
Gonorrhoea ....	....	....	....	....	13
Other conditions ....	....	....	....	....	86

In the absence of returns from other Centres the assumption must be accepted that no cases giving a Barnsley address attended these Centres. New cases of gonorrhoea reported in 1960 amounted to 48, in 1961 to 28 and in 1962 to 16. The number of cases of syphilis remains constant. A decline is to be noted in "other conditions" in respect of which 190 new cases were recorded in 1962. Despite this it would appear that the community is adequately conscious of the need of obtaining medical advice after exposure to the risk of venereal disease.

Scabies:

Figures relating to Scabies in Barnsley in 1963 are as follows:

Children

Number treated ....	....	....	....	....	29
Number of attendances	....	....	....	....	57

Adults

Number treated ....	....	....	....	....	4
Number of attendances	....	....	....	....	8

PART II APPENDIX.
Notifiable Infectious Diseases (excluding Tuberculosis) Age and Ward Distribution, as Corrected.

NOTIFIABLE DISEASES	All Ages	Under 1 year	1 year and under 3 years	3 years and under 5 years	5 years and under 10 years	10 years and under 15 years	15 years and under 25 years	25 years and over	Total Cases in each Ward			Removed to Hospital			Beckett Hospital										
									North Ward	South Ward	East Ward	West Ward	South East Ward	South West Ward	Central Ward	Ardsey Ward	Monk Bretton Ward	Carlton Ward	Kendry Isolation Hospital	Home Cases	St. Helen Hospital	City General Hosp. Sheffield	Lodge Moor Hosp. Sheffield	Beckett Hospital	
Scarlet Fever	59	—	3	19	26	9	2	—	8	1	7	1	3	3	—	4	14	18	21	38	—	—	—	—	—
Whooping Cough	31	1	8	10	10	1	—	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	560	43	166	180	161	5	3	2	37	25	34	21	12	25	184	71	109	5	27	555	—	—	—	—	—
Pneumonia	137	21	15	9	9	4	5	5	74	10	3	4	18	3	2	31	33	28	56	79	1	—	—	—	1
Meningococcal Infection	3	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3	12	194	—	—	—	—
Dysentery	207	13	36	35	78	14	5	5	26	10	12	3	7	19	3	6	16	36	95	12	—	—	—	—	
Ophthalmia Neonatorum	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal Pyrexia	20	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Food Poisoning	13	—	1	—	—	—	—	—	—	3	3	—	3	1	1	—	—	—	—	2	10	—	—	—	—
TOTALS	1033	82	231	256	288	34	24	118	70	43	53	41	93	23	34	251	162	263	914	103	13	1	1	1	

TABLE II. Notifiable Infectious Diseases (excluding Tuberculosis)
Table shewing monthly prevalence during the year 1963

NOTIFIABLE DISEASES	JAN.	FEB.	MAR.	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
	6	7	—	6	5	1	1	3	3	6	8	6	59
Scarlet Fever	2	2	—	—	—	—	—	—	—	—	—	—	31
Whooping Cough	240	58	75	41	15	12	67	1	1	3	5	17	560
Measles	22	20	12	12	9	5	9	4	4	—	1	11	137
Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	3
Meningococcal Infection	7	7	—	28	31	29	14	19	6	10	11	12	207
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	3
Ophthalmia Neonatorum	—	—	—	—	—	—	—	1	1	—	1	1	20
Puerperal Pyrexia	2	1	—	3	—	—	—	1	1	—	3	2	13
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE III
Tuberculosis — Notifications and Deaths
For 15 years

Year	Pulmonary			Other Forms of Tuberculosis			Total Tuberculosis Death Rate
	Notified	Died	Death Rate per 1000 living	Notified	Died	Death Rate per 1000 living	
1949	71	29	0.38	15	8	0.10	0.48
1950	118	26	0.34	16	1	0.03	0.37
1951	114	18	0.25	12	3	0.04	0.29
1952	67	23	0.30	6	3	0.04	0.34
1953	60	13	0.17	11	—	0.00	0.17
1954	54	16	0.21	11	2	0.03	0.24
1955	71	8	0.10	6	—	0.00	0.10
1956	62	11	0.14	8	—	0.00	0.14
1957	56	7	0.09	6	3	0.04	0.13
1958	38	8	0.10	6	1	0.01	0.11
1959	28	3	0.04	4	1	0.01	0.05
1960	32	6	0.08	3	—	0.00	0.08
1961	22	5	0.07	2	1	0.01	0.08
1962	25	18	0.24	3	—	0.00	0.24
1963	35	5	0.07	2	—	0.00	0.07

TABLE IV
Tuberculosis—New Cases and Deaths 1963
Classified into Age Groups

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 years	—	—	—	—	—	—	—	—
1—2	—	—	—	—	—	—	—	—
2—5	1	—	—	—	—	—	—	—
5—10	—	—	2	—	—	—	—	—
10—15	—	—	1	—	—	—	—	—
15—20	—	—	1	—	—	—	—	—
20—25	—	—	4	—	—	—	—	—
25—35	4	1	—	—	—	—	—	—
35—45	5	2	—	—	—	—	—	—
45—55	5	1	—	—	—	1	1	—
55—65	3	1	—	—	—	—	—	—
65—75	5	1	—	—	2	—	—	—
75 and over	—	—	—	—	1	—	—	—
Totals . . .	23	12	—	2	4	1	—	—

PART III

SOCIAL AND PERSONAL HEALTH SERVICES

National Health Service Acts, 1946—52 National Assistance Acts, 1948 and 1951

However entrancing it is to wander unchecked through a garden of bright images, are we not enticing your mind from another subject of almost equal importance?

Ernest Bramah
Kai Lung's Golden Hours. Story of Hien

The practice, found to be convenient in the past, of considering these services under the heading of the Section of the Statute authorising their provision is continued in the pages which follow.

HEALTH CENTRES

National Health Service Act, 1946, S.21

Purpose designed buildings have been provided at Laithes Lane and at Littleworth Lane, Pontefract Road, to serve the Athersley and New Lodge and the Lundwood Housing Estates. At these premises those services which are the particular responsibility of the Local Health Authority are available to the community.

The postponement of work on the new premises at Stairfoot mentioned in last year's report continued during 1963 pending the clearing of the alternative site. During the period attention was given to finding a site for alternative accommodation for the Clinic now held in "The Limes" when that institution closes in 1964. Temporary arrangements have been made for a transfer across Gawber Road to Jordan House. This building is at present used as a nursery by the Children's Committee who will shortly transfer their nursery to purpose-built premises. The site upon which Jordan House stands is particularly suited for local health authority purposes in view of its proximitey to the proposed new hospital.

Consideration is therefore being given to the development of this site in a way which will prove most beneficial for the future of the Health Services.

CARE OF MOTHERS AND YOUNG CHILDREN

National Health Service Act, 1946, S.22

The services provided under this section at the end of 1963 were available at:

1. The Medical Services Clinic, New Street
2. Clinic, Laithes Lane, Athersley.
3. Clinic, Littleworth Lane, Lundwood
(the above are purpose designed buildings).
4. Hunningley Villa, Stairfoot.
5. Carlton Clinic, Carlton.
6. The Old Council Offices, Monk Bretton.
7. The Limes, Gawber Road, Barnsley.

**Barnsley, Athersley, Ardsley, Lundwood and Carlton
Ante-Natal Centres**

ANTE-NATAL AND POST NATAL CLINCS

	Barns- ley	Athers- ley	Ardsley	Lund- wood	Carlton	Total
ANTE-NATAL CLINICS						
1. No. of sessions held during year	76½	49	51	48	25½	250
2. No. of women who attended during the year	216	95	142	92	38	583
3. No. of New Cases included in the above	172	76	111	68	28	455
4. No. of attendances made during the year	946	428	599	307	168	2448
POST-NATAL CLINICS						
1. No. of sessions held during year	16	1	3	1	3	24
2. No. of women who attended during the year	16	1	3	1	3	24
3. No. of New Cases included in the above	16	1	3	1	3	24
4. No. of attendances made during the year	18	1	3	1	3	26

Note:

Of Barnsley's 216 Ante-Natal cases

5 were transferred to St. Helen Hospital

Of Lundwood's 92 Ante-Natal cases

1 was transferred to St. Helen Hospital

570 maternity outfits were issued to patients during the year.

Barnsley, Athersley, Ardsley, Lundwood, Carlton, The Limes and Monk Bretton Infant Welfare Centres
 ANNUAL REPORT — 1963

INFANT WELFARE	Barnsley	Athersley	Ardsley	Lundwood	Carlton	Limes	Monk Bretton	TOTAL
1. No. of sessions held during year at centres	198	100	99	51	25	49	51	573
2. No. of children who first attended a centre during the year, and at their first attendance were under 1 year of age	519	269	194	111	54	94	77	1318
3. No. of children who attended during the year and who were born in:	1963	444	241	157	105	46	79	1135
	1962	438	225	158	89	36	117	1128
	1961-58	300	252	131	59	32	92	938
4. Total No. of children who attended during the year	1182	718	446	253	114	288	200	3201
5. No. of attendances during the year, made by children who at the date of attendance were	0-1 yr.	5351	2695	2086	1213	690	1608	14453
	1-2 yrs.	1083	712	380	229	79	356	3014
	2-5 yrs.	415	331	164	69	47	117	1243
6. Total No. of attendances made during the year	6849	3738	2630	1511	816	2081	1085	18710

Note—Of Barnsley's 1,182 Infant Welfare Cases, 48 attended the Paediatric Clinic at New Street Clinic, and made 58 attendances in 32 sessions.
 152 children were referred to Specialists during the year.

Dental Care of Mothers and Young Children

The authority's part-time Orthodontist has undertaken the care of some priority cases amongst expectant and nursing mothers as well as orthodontics and other defects for young children. He reports as follows:

(A) Nursing and Expectant Mothers

The steady decline in the demand for treatment by the nursing and expectant mothers noted last year continues and, once again, the main service provided by the Local Authority's Clinic is the supply of dentures.

The last three years' treatments will illustrate this point:—

Year	Patients Inspected at the Clinic	Dentures Provided			Number of Patients Provided with Dentures	Percentage %	Fillings
		Full	Partial	Total			
1961	152	114	37	151	82	54.0	159
1962	131	63	26	89	49	37.4	107
1963	125	66	13	79	45	16.5	96

It would appear that the Dental Clinic is losing its attraction to mothers-to-be. However, it is known that many patients do seek dental advice in the General Dental Services, and patients are encouraged to seek this advice when they are present for pre-natal examination.

(B) Children under five years of age

Some comfort may be obtained from the pleasing rise in the demand for treatment of the toddler. 94 sought treatment in 1961, 132 in 1962, and 160 in the year under review. Fillings provided increased from 24 in 1962 to 35 in 1963, and there is an increase also in extractions, from 190 in 1962 to 203 in 1963.

Because of the fall in demand by this class of patient, it was considered impracticable to devote whole sessions to treatment and these patients were inspected and treated during sessions devoted to the treatment of school children.

Lectures to Mothers' Groups were given during the year and it is hoped that the mothers who attended will eventually bring their offspring for routine dental examination.

A summary of the work completed in the Authority's Dental Clinic is tabulated on opposite page:

DENTAL TREATMENT — NUMBER OF CASES

Number of persons examined during the year	Number of persons who commenced treatment during the year	Number of courses of treatment completed during the year*	
		115	76
(1) Expectant and Nursing Mothers	125		
(2) Children aged under 5 and not eligible for School Dental Service	160	123	119

*If a patient has more than one course of treatment during the year, each course should be counted.

DENTAL TREATMENT PROVIDED

	Scalings and gum treatment	Silver Nitrate treatment	Crowns and Inlays	DENTURES PROVIDED		Radio-graphs
				General Anaesthetics	Extractions	
1. Expectant and Nursing Mothers	30	96	—	—	249	43
2. Children aged under 5 years and not eligible for School Dental Service	None	35	—	—	203	101

Number of treatments and not number of persons.

NUMBER OF PREMISES AND SESSIONS

1. Number of Dental Treatment Centres in use at the end of the year for services shown in Part (B) above	2
2. Number of Dental Officer sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients during the year	52

Dental Statistics — Mothers and Young Children (Maternity and Child Welfare Patients)						
Number of patients inspected and treated	....	....	....	....	....	285
Number of visits made by patients	....	....	....	....	....	718
Number of treatment sessions	....	....	....	....	....	52
Number of anaesthetic sessions	....	....	....	....	....	—
Number of fillings	....	....	....	....	....	131
Number of scalings	....	....	....	....	....	30
Number of extractions	....	....	....	....	....	452
Number of other operations	....	....	....	....	....	219
Number of dentures supplied	....	....	....	....	....	79
Number of patients supplied with dentures	....	....	....	....	....	45
Number of prosthetic operations	....	....	....	....	....	269

Orthopaedic Clinic

The report of the work at the Orthopaedic Clinic for children under school age during the year is as follows:

Inspections at the Clinic

Visits of Orthopaedic Surgeon 11 sessions

Number of New Cases seen

New cases 54

Re-examinations 117

The work of the Physiotherapist is as follows:

Relaxation Classes

	New Street	Athersley	Lundwood	All Clinics
Sessions	140	47	24
New patients	166	37	14
Attendances	848	199	1115

Treatment of Children under 5 years of age

(postural and other defects)

Number of patients treated 8

Number of attendances made 275

Children requiring surgical appliances continued to obtain these through the Becket Hospital, Barnsley.

Ultra-Violet Light Treatments

Medical Services Clinic, New Street, Barnsley:

a. Children 0-5 years:

Number treated 3

Number of attendances 34

b. Expectant or Nursing Mothers:

Number treated Nil

Psychiatric Services

The Child Psychiatrist who conducts Child Guidance Clinics at the Education Authority's Centre is available to advise the Medical and Nursing Staff on general and individual problems of emotional development and behaviour. Both Mental Health Officers who are allocated to work in the Child Guidance team are State Registered Nurses and hold the Health Visitor's Certificate. They are also responsible for all mental health work amongst handicapped children of all ages.

Other Specialist Services

The Consultant Ear, Nose and Throat Surgeon, the Ophthalmologist and the Paediatrician who hold Consultant Clinics for school children are available for, and see children under school age. The services of the Speech Therapist are also available. Children under 5 years of age made 144 attendances for speech therapy. The services of the Audiology Technician may also be called upon for this group. 26 children under 5 years underwent a hearing test during the year.

Nursing Homes

There are no Nursing Homes in the County Borough.

Homes for Mothers and Babies

"Ad hoc" arrangements for expectant mothers were made with voluntary bodies in 13 cases during the year. This compares with 4 for 1962.

Distribution of Welfare Foods

As in the past the practice was continued of making available certain proprietary brands of dried milk and other proprietary diet supplements at a reduced price. This concession is, of course, subject to the preparation being recommended by a member of the medical staff. The total receipts resulting from these transactions in 1963 amounted to £4,565 10s. 9d. (£4,497 19s. 11d. in 1962).

The Health Authority undertakes the distribution of the various Welfare Foods and diet supplements provided by the Ministry of Health, in continuation of the scheme previously operated by the Ministry of Food from local food offices. The organisation described in previous reports has operated well and no difficulties in working it were encountered.

WELFARE FOODS

Free Issues	Barnsley	Athersley	Ardsley	Lundwood	Carlton	The Limes	Monk Bretton	TOTAL
	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Receipts for the year								
1962—Dried Milks	£1768	8	9	£1072	8	4	£537	19
Welfare Foods	£849	7	8	£178	14	2	£77	9
1963—Dried Milks	£1807	0	3	£1149	9	9	£520	15
Welfare Foods	£661	16	10	£233	10	8	£101	4
							£28	10
							£77	13
							6	6
							£90	17
							£52	3
							8	8
							£1245	13
							10	10

WELFARE FOODS

	National Dried Milk				Half Cream			
	Cod Liver Oil	Vitamin A & D Tablets	Orange Juice	Full Cream	Full Price	Free	Paid	Full Price
Barnsley	594	35	603	245	1462	354	—	1
Athersley	158	21	123	111	485	186	—	—
Ardsley	122	5	98	53	238	43	—	—
Lundwood	97	7	46	163	226	17	—	—
Carlton	45	2	21	292	28	2	—	—
The Limes	154	—	101	992	12	5	—	—
Monk Bretton	45	2	24	514	—	53	23	—
	578	1215	72	1016	2017	989.3	584	2537
								630
								1

Comment

The results of the year's work in the Care of Mothers and Young Children in Barnsley would appear to indicate that the position here conforms to the general picture of this work in the National Health Service throughout the country.

Gradually the attendances at the authority's ante and post-natal clinics are decreasing. Study of the report in the section devoted to midwifery suggests that despite this, more and more women are receiving ante-natal care through the maternity medical services from general practitioner obstetricians. There is a great deal to be said in favour of this as it is clearly most desirable that the monther's antenatal care should be carried out by the same doctor who will be in attendance at her confinement. So long, nevertheless, as there is an obligation upon local authorities to provide this care they must do so. It would, however, be more satisfactory if some means of co-ordination could be found whereby the ante-natal care could be carried out at the authority's clinics by the general practitioner obstetrician with the authority's midwives in attendance. Such an arrangement will become even more desirable should it become necessary for the local hospitals to institute a scheme for the routine early discharge of maternity cases.

In the case of the Infant Welfare Centres the number of attendances of children under 2 years of age shows a very slight increase over that of the previous year. The overall figure for children under 5 years of age, however, showed a slight decrease compared with 1962. These figures will inevitably vary from year to year, particularly as regards the toddlers. All kinds of factors affect their attendances, especially a continued spell of severe weather such as occurred in January and February of the year under review.

It is most satisfactory on the other hand to observe the high proportion of infants who attend the Centres in the first year of life as it is in this period that defects can most readily be remedied.

As in previous years the various specialist services were utilised and the authority's medical auxiliaries had a busy year. It will be observed that the relaxation classes for expectant mothers held by the Physiotherapist continued in popularity.

The arrangements for the provision of audiology and audiometric testing were continued during the year as were those for speech therapy and for the supply of Nationally available Welfare Foods.

It will be noted that there was a marked increase in the number of unmarried mothers for whom the authority made "ad hoc" arrangements with Mother and Baby Homes run by voluntary organisations. Despite this there would seem to be no necessity for the authority to take panic measures to provide a Mother and Baby Home in Barnsley. The increased experience gained during the year has emphasised the desirability of getting these girls away from their normal environment during the later stages of pregnancy and whilst a decision is being taken about the future of the infant. The value of this is so striking that for the present it has been decided to omit financial provision for a Mother and Baby Home from capital expenditure programmes during the immediate future.

MIDWIFERY

National Health Service Act 1946, S.23

Whilst recruitment of midwives proved to be no easier than in the past, Barnsley at least maintained the staff of trained midwives at 9 throughout the year. This enables a reasonable duty rota to be maintained. It does not, of course, allow any margin for absences of members of the staff at refresher courses or even sickness. Furthermore, if the authorised establishment of 12 could be realised it would be possible to distribute the midwives' case load rather more evenly.

The administrative arrangements continued unchanged. The Non-Medical Supervisor and her Assistant combine these duties with those of Superintendent Home Nurse and Assistant. The arrangements are such that an administrative officer is available on call at all times to ensure proper deployment of the midwives, and allocation of duties. The midwives have a room at the District Nursing Centre adjacent to the New Street Clinic where facilities exist for the sorting and stocking of their bags and exchange of equipment. This has proved to be of great value to them as it provides facilities (sterilization etc.) not normally available in the homes, and offers them a common ground for discussion and exchange of ideas.

All the midwives have been issued with the "Tecota Mark 6 machine" for the administration of Trichloroethylene during labour. Gas and air analgesia was administered in 4 cases, in none of these was the doctor present at the time of delivery. This compares with 8 cases in 1962 and 3 in 1961. "Trilene" (Trichloroethylene) was administered in 368 cases in 84 of which the midwife was with the doctor.

Pethidine was administered in 206 cases. In 164 of these the doctor was present with the midwife.

Medical Aid

Medical aid was summoned in accordance with the provisions of Section 14(1) of the Midwives Act, 1948, as follows :—

(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service	....	....	....	45
(ii) Other	....	....	....	9

Teaching of Midwifery

The number of midwives recognised as teachers in the health authority's service at the end of the year was three. During 1963 six pupils received instruction from teacher midwives as well as a course of lectures at the Corporation Health Department. (All were successful in the Central Midwives' Board examination).

Domiciliary Midwifery and Institutional Confinement

During 1963 in Barnsley :—

5 women who did not book a doctor were attended at home by municipal midwives and no doctor was present at the time of delivery of the child.

212 women who booked a doctor were attended by municipal midwives and the doctor was present during labour.

29 women who booked a doctor were attended by municipal midwives and a doctor was present at the delivery.

73 women who booked a doctor were attended by municipal midwives and a doctor was present at labour and at the time of delivery of the child.

179 women who booked a doctor were attended by municipal midwives and the doctor was not present at the time of delivery of the child.

207 women who were confined in hospital were discharged before the 10th day of the puerperium. They were attended between the times of discharge and the 10th day by domiciliary midwives provided by the health authority (223 in 1962).

10,338 visits were paid by midwives during the puerperium (up to the 14th day) to patients delivered at home (compared with 9,656 in 1962).

183 post-natal visits were paid by midwives (after the 14th day).

2,058 ante-natal visits were paid to women in their own homes by the authority's midwives (2,051 in 1962).

2,992 visits were paid by midwives to women who were discharged from hospital before the 14th day (2,625 in 1962).

464 other visits were paid by midwives.

403 attendances at ante-natal clinics were made by midwives.

320 attendances were made by expectant mothers to ante-natal classes including relaxation exercises (held by midwives). Number of miscarriages attended—6.

Supervision of Midwives

Routine Supervision

Supervisory visits paid to midwives by supervisors	22
Deliveries seen with midwives	3
Cases in labour attended with midwives	7
Ante-natal cases seen at home	27
Puerperium visits	35
Hospital discharges	21
Cases visited re maternity accommodation	20
Attendances by supervisors at Ante-natal clinics	70
Attendances by supervisors at Ante-natal classes	14

Supervision of Training

Pupil midwives who completed their training during the year	6
Cases in labour attended with pupils	4
Deliveries seen with pupils	3
Puerperium visits with pupils	14
Ante-natal visits with pupils	9

Post Graduate Courses

3 midwives attended Post Graduate Courses as required by the Central Midwives Board.

All midwives attended lectures arranged by the Barnsley Branch of the Royal College of Midwives and the Public Health Department.

All midwives use analgesia as allowed under C.M.B. rules : Trichloroethylene, Pethidine, and Gas and Air (Nitrous Oxide).

Comment

There is little change to report in the Municipal Midwifery Service, though recruitment remains difficult. However, Barnsley has been fortunate in being able to retain a staff adequate to deal with all contingencies, even though there is little or no margin to allow for the usual incidence of sickness.

The changes in the picture of midwifery at a National level has not as yet been very evident in Barnsley. The provision of maternity beds in the local hospitals being somewhat above the average for the country, discharges before the 10th day of the puerperium have not increased. Indeed they are a little down when compared with 1962. These changes are, of course, a most unfortunate factor in maintaining the morale of domiciliary midwives. The developing Maternity Medical Service of general practitioner obstetricians and confinement in hospital with early discharge tend, between them, to convert domiciliary midwifery into a kind of maternity nursing service. Whilst this undoubtedly reduces risks in certain complicated cases when emergencies arise, it can not but reduce the midwife's responsibility and consequently her interest in the vast majority of normal confinements.

It must not be forgotten that the midwife plays an enormous part in the provision of ante-natal care. It is a great pity that more mothers do not book their midwife earlier in pregnancy. A survey carried out during the year showed that out of 566 mothers booking midwives, only 92 did so before the 16th week of pregnancy. On the other hand, as few as 49 left booking until after the 32nd week. It would be infinitely more satisfactory if it were possible to report that the majority of bookings had been made in the first 12 weeks. Every effort is being made to educate the community to this.

HEALTH VISITING SERVICE

National Health Service Act 1946, S.24

The figures showing the number of visits made by Health Visitors during 1963 as compared with those of the two previous years are as follows :—

		1961	1962	1963
Children under 5 years visited for the first time	....	6,443	6,715	6,497
Children under 1 year :				
1st visit	....	1,460	1,523	1,415
Total	....	5,820	7,223	4,978
Children between 1 and 2 years :				
Total	....	2,694	3,407	4,366
Children between 2 and 5 years :				
Total	....	6,546	7,412	8,236
Total number of visits made to children under 5 years	....	15,060	18,042	17,580
Expectant Mothers :				
1st visit	....	722	926	877
Total	....	997	1,440	1,367

Infant Death Enquiries :

1st visit	—	—	31
Stillbirths	—	—	35
Tuberculous Households	643	673	490
Non-Tuberculous Chest Conditions	—	—	105
Households	6,738	7,520	16,629
Ineffectual visits	2,614	3,207	2,547
Gastro-Enteritis Enquiries	—	—	1,048

On 31st December, 1963 the staff in post was as follows :—

Superintendent Health Visitor and School Nurse			
Deputy Superintendent Health Visitor and School Nurse			
Senior Health Visitor and School Nurse .... ....	....	....	3
Area Health Visitor and School Nurse .... ....	....	....	11
Clinic and School Nurse—full time .... ....	....	....	4
Clinic Nurse—part-time .... .... .... ....	....	....	3
State Enrolled Nurse .... .... .... .... ....	....	....	1

Certain changes in staff took place during the year and these are indicated in the staff list at the end of the report.

The two student health visitors who started the Health Visitors Training Course at Leeds University in September, 1962 qualified as health visitors in July, 1963. A student health visitor commenced training at Leeds University on the 30th September, 1963.

Two health visitors took the Group Advisors Course held at Leicester and London.

The Superintendent Health Visitor reports as follows :—

"At the end of 1963, in addition to the superintendent, there were fifteen health visitors in post, two of them having qualified in July. It is now the policy of the Council to appoint whole-time S.E.Ns to assist the health visitors. The first one was appointed during the last quarter of the year. The help afforded by the S.E.Ns is already proving to be most valuable but it must be appreciated that they are not trained in preventive medicine nor to take special responsibilities. It would appear that the recruitment of health visitors is handicapped by the practice of some authorities allowing S.R.Ns without any additional training to do the work of the health visitor. If S.R.Ns were not appointed to this field, the shortage of health visitors would be more apparent and then perhaps a greater national effort might be made to recruit suitably qualified women for the Health Visiting Service.

"There is an increased need for the mature and experienced field worker in the Health Visiting Service to deal with problems in the sphere of moral welfare. There are more unmarried mothers and young male adults needing guidance and advice. There is scope for more health education. More effort might be expended on teaching positive health, the raising of moral standards, good citizenship, budgeting and home management. Due to several diverse causes,

such as hire purchase commitments which cannot be met, unfaithful marriage partners and youth, there are more tensions in the homes. There appears to be more mental ill health than formerly. Hire purchase is now accepted as the present pattern of everyday life. It would seem there is room for greater statutory control to be applied to hire purchase, particularly with regard to the younger and more irresponsible families. Then again, some parents do not appear to wish to accept the responsibilities of marriage. Consequently their homes lack those foundations essential to give to their children that feeling of security so necessary for normal development.

"There are fewer attendances at the Mothers' Clubs held at the clinics. Many mothers are now attending the Young Wives' Clubs run by church workers. Here are more attractive amenities and social activities which, it appears, is what the mothers like. They have speakers here, too, some of whom spoke at the Mothers' Clubs. Concern is felt that many expectant mothers are working far too hard and too long hours. It is emphasised that every possible step should be taken to dissuade expectant mothers from doing heavy work during the last three or four months of pregnancy. In relation to work during pregnancy, tradition dies hard, as it does in many other aspects in the field of health. Even the health visitors themselves feel that to discontinue the routine weighing of babies would be to the disadvantage of their Service. They say "at least one sees the babies stripped".

"There appears to be a need for more home teaching. This is the health visitors' best field. Although some mothers do not listen, most are anxious to learn and are more receptive in their own homes. Time might be spent most profitably in teaching mothers to recognise any deviation from the normal, either physically or mentally.

"The Welfare State has given many benefits to the whole community but has it taken away the initiative, the incentive and responsibility from many (not all) parents? Many parents take it for granted that the social services are there to resolve all their difficulties and solve all their problems. They need advice to stand on their own feet and to carry their own responsibilities. It is expected that some families will always need the help and guidance of the social services. Good neighbours should, however, feel a responsibility to help their weaker brethren. Although, now, it sometimes seems that neighbourliness is almost a thing of the past. In many homes, the aged grandparent appears to be the nucleus that keeps the family together.

"There is such an increase every year in the work in the preventive field of medicine that where the health visitor does the full range of duties, the case load could, with advantage, be proportionately reduced. To mention just some of the increased work which has fallen on health visitors during recent years, there is the hearing testing of children under one year old, Phenylketonuria testing, the Ortolani test and special work associated with the "At Risk" baby. In addition to this, during 1963 the health visitors were associated with the survey for the Public Health Laboratories of quadruple vaccine trials."

The Superintendent Health Visitor wishes, on behalf of her staff and herself, to express appreciation to the various agencies, both statutory and voluntary, in the area who have co-operated with and who have assisted the health visiting staff during the year.

Co-operation between General Practitioners and the Health Visiting Service

The circumstances of medical practice in Barnsley are such that they do not lend themselves to the attachment of a health visitor to any one practice or group of doctors. However, close contact has been established between the doctors and the health visitors. This is generally maintained on a personal and informal basis. Where the assistance of the service is required on a formal basis or where a formal approach to a doctor is considered necessary this is done through the Superintendent Health Visitor or the Senior Health Visitor at any particular clinic. Close contact with the requirements of the general practitioners is maintained by the Medical Officer of Health through his membership of the Local Medical Committee. These arrangements have proved to be satisfactory and appear to be adequately suited to the requirements of the area.

Arrangements for follow-up of Hospital Cases by Health Visitors

Close contact is maintained between the Head Almoner at the hospitals of the Barnsley Group and the Medical Officer of Health and Superintendent Health Visitor. Lists of patients discharged are supplied to the Health Department and reports of the requirements of any special cases are forwarded as and when necessary. Arrangements exist whereby health visitors attend the paediatric out-patients at St. Helen Hospital to follow up children receiving both in-patient and out-patient treatment.

Comment

As in the past the emphasis in the Health Visiting Service has been on the need for recruitment of suitable nurses to undertake the necessary training. The Barnsley service has been fortunate in increasing the staff of trained health visitors by three during the year. At the same time, the experiment of providing the health visitors with assistance in the form of state enrolled nurses to carry out the simpler nursing and recording duties at clinics has shown considerable promise. This should allow of the health visitor devoting more of her time to the work for which she has special training. It should at the same time relieve her of the frustrations involved in doing many of the less interesting routine nursing tasks which, of necessity, have fallen to her in the course of clinic sessions.

On the whole the work of this service has progressed satisfactorily during the year. There is an ever widening field to be covered but expansion must not be allowed to outrun the availability of properly trained people to do the work involved. Apart from this, there is little to be added in the way of comment to the remarks of the Superintendent Health Visitor quoted above.

HOME NURSING SERVICE
National Health Service Act 1946, S.25

The figures for the past five years are as follows :—

	1959	1960	1961	1962	1963
Cases	2,598	2,277	2,339	2,078	2,119
Visits	50,947	47,370	48,458	42,629	42,418
Whole-time nurses	18	18	18	18	18

An analysis of the cases nursed during the year is as follows :—

Type of Cases	Number of cases	Number of Visits paid to these Patients
Tuberculosis	15	842
Influenza	5	20
Pneumonia	81	874
Maternal Complications	67	594
Erysipelas	2	18
Infectious Diseases	10	85
Miscarriages	8	135
Carcinoma	78	3,715
Burns and Scalds	35	550
Diabetics	30	2,611
Post-Operative	147	2,439
Bones and Joints	58	1,531
Ear, Eye, Nose and Throat	147	1,020
Cerebral Haemorrhage	105	3,741
Cardiac	141	4,397
Circulatory	262	7,206
Respiratory, other than Pneumonia	152	1,975
Skin	26	610
Others	750	10,055
	2,119	42,418

Patients in the above figures who attended clinics—Visits only

3,598

Types of Injections given :

Insulin	20	1,765
Penicillin	488	3,720
Streptomycin	41	925
Diuretic	105	3,196
Haematinic	124	1,845
Sedative	15	85
Others	286	8,683

Night Service:

Cases visited between 8.0 p.m. and 6.0 a.m.
 (included in the above figures)

140 570

Age Groups Nursed:

Patients under 5 years of age	200	1,705
Patients 5 — 15 years of age	82	639
Patients 15 — 65 years of age	871	16,496
Patients over 65 years of age	966	23,598

'The Superintendent Nurse reports as follows:—

"The number of cases attended by the district nursing staff is slightly increased although the figures show little change. There is an increasing number of elderly and handicapped people requiring the home nurse to give extended time at each visit. This type of case makes a heavy demand on the nurse herself as well as being time consuming. The gradual increase of the over 65 patient visits over the last three years is noted—1961—861, 1962—848 and 1963—966

"Rehabilitation in the cerebral catastrophe also involves a great deal of time, particularly when teaching in the use of walking aids, etc.

"Nursing of children at home—the under 5 age group—is maintained.

Linen Loan and Laundry Service

"This service is in greater demand with the increased number of elderly patients being nursed at home. When the Geriatric Hospital was opened in 1961, it was expected that this service would decrease with the admission of the incontinent patient who lived alone or with elderly relatives.

"Daily delivery of clean linen and collection of soiled linen is maintained. Disposable laundry bags are now in use.

Home Nursing Sick Room Loans Service

"This service is continually in demand, all types of nursing aids being provided for those who are being nursed in their own homes. Collection and delivery of the large types of loans is appreciated by the patients' relatives.

"Disposable plastic sheets instead of the rubber mackintosh sheets have proved satisfactory as they are more comfortable for the patient and save time in cleaning and sterilising.

"140 visits were paid to check or recover home nursing loans.

The Night Visiting Service

"A Queen's Institute of District Nursing Sister is on duty each night to carry out late visits and to visit urgent cases during the night. The Ambulance Station pass on any calls from the doctor direct to the nurse on duty. This Service is not being used to its fullest extent.

The Home Nursing Clinics

"Clinics are held daily at three of the Maternity and Child Welfare Clinics and at the Home Nursing Centre. These clinics are now well established and appreciated by patients. The general practitioners often call in during the clinic session to discuss patients, treatment and social problems.

Queen's Institute of District Nursing Training

"One student commenced and completed training during the year and was successful in passing both parts of the examination, gaining a credit. Two students who trained late in 1962 passed both parts of the examination early in 1963.

Post-Graduate Courses

"One male Queen's nurse attended a post-graduate course arranged by the Queen's Institute of District Nursing.

Hospital Students

"Four lectures on home nursing and midwifery were given to student nurses during the year. Talks have been given by the Superintendent and staff on the Home Nursing and Midwifery Services to outside organisations throughout the year.

Central Sterile Supply Service

"Autoclaved and disposable syringes, dressing packs, instruments, catheters and gloves are all in use and supplied from the Home Nursing Centre. Small packs, catheters, gloves and umbilical clips are supplied to midwives under this service.

Chiropody Service

"A home nurse is in attendance at each session of this service. Cases are only being referred if chiropody treatment is essential.

"No. of chiropody sessions held—150.

"The following figures relate to the loan of sick room requisites to those nursed at home during 1963 :—

Articles Loaned	Loaned during year	Still on loan at end of year
Air rings	120	44
Wheel Chairs	87	42
Mackintosh Sheets	275	141
Cradles	51	24
Crutches	34	16
Urinals	194	103
Bedpans	314	126
Bedrests	174	70
Sorbo Beds	50	16
Feeding Cups	30	11
Bed Tables	5	2
Draw Sheets	133	37
Mackintosh Pillows	1	1
Bedsteads	49	20
Cots	5	1
Pulley and Fittings	8	2
Commodes	39	27
Walking Aids	19	11
Walking Sticks	7	2
Bath Seats	18	17
Sputum Mugs	8	4
Fraeture Boards	72	32
Bath Rails	1	1
Large Sheets	8	—
Air Bed	1	—
Bed Lift	—	—
Night Gowns	3	2
Seat Unit	1	1
Camp Beds	1	1
Buckets	1	1
Lavatory Seats	1	1

Type of linen loaned: Large sheets, draw sheets, night gowns. Total number of all articles laundered including uniform, towels, bag linen, etc., 13,103."

Comment

Review of the reports on the Home Nursing Service for the past three years indicates that for the present the requirements made by the community on the Service have become stabilized. The gradual but steady increase in the number of patients over 65 years of age nursed conforms with the experience of the Service in many other areas and is, indeed, with our ageing population not unexpected.

The Home Nursing Clinics are proving to be of great value and as new clinic premises become available it is hoped further to increase this facility. In addition to providing the home nurses with an opportunity to meet and discuss their patients personally with the practitioners, these clinics are most valuable in saving travelling time.

During the year considerable attention has been paid to sterile supply and disposable apparatus. This work will ultimately result in high standards of nursing technique being available in the home. However, if common sense and economy are to play their proper part in the attainment of this, a very great deal of thought must go into the replacement of the established methods and apparatus by new ideas. This, it is believed, is being done in the Barnsley Home Nursing Service.

VACCINATION AND IMMUNISATION National Health Service Act 1946, S.26

Vaccination against Smallpox

The vaccination statistics for Barnsley are shown in tabular form as follows :—

Age at date of Vaccination		Number Vaccinated	Number Re-vaccinated
0— 3 months	.... ....	174	8
3— 6 months	.... ....	207	18
6— 9 months	.... ....	38	1
9—12 months	.... ....	25	1
1 year	.... ....	77	2
2— 4 years	.... ....	29	3
5—14 years	.... ....	15	4
15 years or over	.... ....	60	73
Total		625	110

There was no death from complications of vaccination during 1963 nor was any case of Generalised Vaccinia or Post-Vaccinal Encephalomyelitis reported during the year.

These figures compare with 1,922 primary vaccinations and 1,100 re-vaccinations in 1962. In that year, however, the figures were affected by the importation of Asiatic Smallpox into adjacent areas of Yorkshire.

The figures for 1963 might more reasonably be compared with those for 1961 when 463 primary vaccinations and 102 re-vaccinations were performed.

Immunisation against Diphtheria

During the year Primary immunisation and reinforcing injections against Diphtheria were given to children in the following age groups :-

Children born in years	No. of children who completed a full course of primary immunisation in the authority's area during 1963	No. of children who received a reinforcing injection during 1963	Total
1963	416	—	416
1962	570	652	1,222
1961	29	26	55
1960	8	1	9
1959	6	11	17
1954—58	134	751	885
1949—53	14	31	45
Total	1,177	1,472	2,649

Immunisation against Poliomyelitis

The Introduction of the Sabin Oral Vaccine in April, 1962 has made immunisation against Poliomyelitis a much simpler procedure than heretofore. It is also very much easier to persuade parents to accept it in view of the fact that injections are no longer involved. The introduction of this vaccine also made it necessary to make arrangements to complete with Oral vaccine the immunisation of certain individuals who had already received one or more injections of Salk vaccine. A summary of the work done during the year in immunisation against Poliomyelitis is shown on facing page in tabular form.

VACCINATION AND IMMUNISATION — POLIOMYELITIS VACCINATIONS
Report for the year ended 31st December, 1963

GROUP	SALK Vaccine			ORAL Vaccine			Number of persons at 31.12.63 who had received Salk Vaccine Oral Vaccine	
	Number of persons given 2 injections	Number of persons given 3rd dose 4th		Number of persons given 3rd dose following 2 salk inj.	Number of persons given 4th dose following 3 salk inj.			
		3rd	4th		Salk injections			
Children born 1963	—	1	—	139	—	—	57 70	
Children born 1962	—	—	—	724	1	—	— 24	
Children born 1961	—	2	—	121	22	—	— 14	
Children and Young Persons born 1960 to 1943	2	4	4	1123	33	1309	— 30 29	
Young Persons born 1942 to 1933	1	—	—	131	21	7	— 2 60	
Others	1	1	—	208	23	7	— 4 9	
TOTALS	4	8	4	2446	100	1323	— 121 206	

Immunisation against Whooping Cough

The number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the authority's area during the year ended 31st December, 1963.

Year of birth	Number of children
1963	412
1962	555
1961	31
1960	7
1959	5
1954-58	8
1949-53	—
Total	1,018

This represents an increase compared with 1962 when 979 children completed the course.

Immunisation against Tetanus

1,145 children received a course of immunisation against Tetanus, either combined with other antigens or against this condition alone.

A further 57 persons over the age of 15 years were immunised against this disease.

The Casualty Department at Beckett Hospital is provided with a record of all persons immunised against Tetanus.

Immunisation against Typhoid and Para-Typhoid Fevers

116 children and 11 adults received a course of T.A.B. injections. These were children and teachers from Agnes Road Boys School, Raley Secondary Modern and Broadway Technical Grammar School who were visiting the Continent during school holidays.

Yellow Fever Vaccination

The arrangements for this service were unchanged during the year. A fee of £1 1s. 0d. is charged for each vaccination. The International Certificate of Yellow Fever Vaccination is supplied at the New Street Clinic Vaccination Centre where all injections are given.

The number of persons given this type of injection during the year is as follows :

Adults	....	....	....	....	55
Children	....	....	....	....	17
Total	—	—	—	—	72

Vaccination and Immunisation Facilities

All expectant and nursing mothers, infants, toddlers and school children can receive immunisation or vaccination against any of the diseases included in the authority's programme at any of the appropriate doctor's sessions held in any of the authority's clinic premises. If, of course, the Medical Officer in charge finds some contra

indication for carrying out the procedure, the patient will be advised accordingly. In addition to these arrangements, two special "on demand" immunisation sessions are held each week at New Street Clinic, from 9.30 to 10.30 a.m. on Saturdays and from 5.00 to 6.00 p.m. on Monday evenings. These sessions are for young people desirous of obtaining protection against Poliomyelitis who are at work during the ordinary clinic hours. A doctor is available at both these sessions, not only to immunise, but also to advise individuals on any question or problem regarding immunisation. An example of this is the measures to be taken prior to a Continental holiday or taking up employment abroad.

Comment

During 1963 no unusual incidence was reported anywhere adjacent to Barnsley of any of those infectious diseases for which immunisation is offered. Therefore there was no unusual demand for any of the procedures reported upon in this section of the report.

The usual pattern continued. Those parents who are generally recognised as being "good" parents and who are prepared to take trouble to ensure the welfare of their children came forward readily. Others, the more feckless and those bordering upon the "problem family" category require constant stimulation to avail themselves on their children's behalf of these procedures. The National Birthday Trust has related infant morality to the five social groups recognised by the Registrar General. There is little doubt if immunisation and vaccination—or rather "active protection against communicable disease"—were also to be related it would be found that Classes IV and V would show a lower percentage of protected children. It might be worth while to carry out such an investigation, if it could be shown that a fully protected family carries with it a social cachet.

Perhaps if a psychologist were to be included in the investigating team it might be found that this is already the case. Perhaps also the reluctance of Groups IV and V families to protect their children is a form of inverted snobbery rather than sheer indifference. There is no doubt that the excuse that the husband "doesn't believe in it" is not infrequently given as a reply to advice on the subject. Can it be that a feeling of lack of privilege leads these families to exert the one they are sure they possess—that of hazarding unnecessarily the lives and health of their children? If this is so, the sooner a method is found of making a fully protected family as desirable a status symbol as the possession of a car or a television receiver, the better.

Despite all the difficulty which is experienced to induce parents to protect their children the position is not unfavourable in Barnsley. When a percentage comparison is carried out with England and Wales as at 31st December, 1963, the figures are as follows :—

	Barnsley	England and Wales
Diphtheria	.... .... 69	65
Whooping Cough	.... 68	64
Poliomyelitis	.... 57	53

The percentages are calculated as follows :—

Number of children born in 1963 (or the year to which the percentages relate) who have been vaccinated at any time, multiplied by 100, divided by number of live births during 1963 (or the year to which the percentage is related).

It is to be hoped that when the percentages for future years come to be estimated that Barnsley will be continually increasing the lead over the rest of the country.

AMBULANCE SERVICE

National Health Service Act 1946, S.27

The following report has been received from the Chief Fire and Ambulance Officer :

Arrangements with Other Authorities

This authority continues to work most amicably with the Ambulance Service of the West Riding County Council. By arrangement we undertake all infectious disease, emergency and maternity cases from certain parts of their territory to hospitals within the County Borough, and also effect a proportion of their discharges from hospitals within the Borough back into the West Riding.

The financial arrangement made in 1962 was reviewed during the year and a slight adjustment made.

Other Authorities

With authorities other than the West Riding County Council, an approved scale of charges for ambulance transport undertaken by one authority on behalf of another is laid down. These charges are reviewed from time to time, but no change has been made during the period under review.

Authority to Order Ambulances

Requests for the Ambulance Service are not normally accepted from the general public, but only from :—

- Doctors
- Hospitals
- Institutions
- Other authorised persons.

Emergency cases i.e. street or works accidents, and maternity cases are accepted from any source.

Return of Ambulance Patients Conveyed

This return is shown on a monthly basis, sub-divided into ordinary calls undertaken for patients within the County Borough and for similar calls undertaken on behalf of other Authorities.

Figures for 1962 are given for the purpose of comparison.

MONTH	COUNTRY BOROUGH						WEST RIDING AND OTHER AUTHORITIES						GRAND TOTALS	
	Ordinary		Emergency		Totals		Ordinary		Emergency		Totals		1962	1963
	1962	1963	1962	1963	1962	1963	1962	1963	1962	1963	1962	1963	1962	1963
January . . .	1875	1910	147	168	2022	2078	139	149	30	39	169	188	2191	2266
February . . .	1574	1610	158	147	1732	1757	88	127	25	36	113	163	1845	1920
March . . .	1784	1718	120	172	1904	1890	114	137	17	34	131	171	2035	2061
April . . .	1607	1611	127	165	1734	1776	99	124	26	25	125	149	1859	1925
May . . .	1800	1798	160	170	1960	1968	83	124	21	24	104	148	2064	2116
June . . .	1465	1376	130	170	1595	1546	81	114	18	34	99	148	1694	1694
July . . .	1710	1648	156	161	1866	1809	70	109	27	36	97	145	1963	1954
August . . .	1367	1135	290	201	1657	1336	67	79	29	35	96	114	1753	1450
September . .	1450	1317	180	184	1630	1501	62	82	21	45	83	127	1713	1628
October . . .	1602	1554	170	205	1772	1759	107	110	21	55	128	165	1900	1924
November . .	1503	1508	163	146	1666	1654	163	115	30	42	193	157	1859	1811
December . .	1494	1500	142	205	1636	1705	122	145	46	63	168	208	1804	1913
	19231	18685	1943	2094	21174	20779	1195	1415	311	468	1506	1883	22680	22662

Details of Patients Conveyed

The figure of 22,662 ordinary patients is a decrease of 18 as compared with last year.

In the overall figure of patients conveyed there is an increase of 80 compared with last year (43167—43087), due principally to the slight increase in the number of mentally retarded children conveyed.

The number of patients conveyed on behalf of the West Riding County Council and other authorities shows an increase of 377 as compared with last year.

To Hospitals etc. within the Borough:

Beckett Hospital	....	....	....	....	....	....	....	6103
St. Helen Hospital	....	....	....	....	....	....	....	2117
Pindar Oaks	....	....	....	....	....	....	....	188
Kendray Hospital	....	....	....	....	....	....	....	347
New Street Clinic	....	....	....	....	....	....	....	280
Queens Road Clinic	....	....	....	....	....	....	....	988
Limes Hostel	....	....	....	....	....	....	....	51
Lundwood Hospital	....	....	....	....	....	....	....	15
Mount Vernon Hospital	....	....	....	....	....	....	....	203
Others	....	....	....	....	....	....	....	20

To Hospitals etc. out of the Borough

Penistone Annexe	....	....	....	....	....	....	....	154
Sheffield	....	....	....	....	....	....	....	1623
Wath	....	....	....	....	....	....	....	145
Kirkburton	....	....	....	....	....	....	....	85
Wakefield	....	....	....	....	....	....	....	119
Mexborough	....	....	....	....	....	....	....	15
Leeds	....	....	....	....	....	....	....	43
Doncaster	....	....	....	....	....	....	....	24
Others	....	....	....	....	....	....	....	34

To Home Addresses within the Borough from:—

Beckett Hospital	....	....	....	....	....	....	....	4801
St. Helen Hospital	....	....	....	....	....	....	....	662
Pindar Oaks	....	....	....	....	....	....	....	4
Kendray Hospital	....	....	....	....	....	....	....	335
New Street Clinic	....	....	....	....	....	....	....	268
Queens Road Clinic	....	....	....	....	....	....	....	709
Penistone Annexe	....	....	....	....	....	....	....	20
Mount Vernon Hospital	....	....	....	....	....	....	....	86
Others	....	....	....	....	....	....	....	18

To Home Addresses out of the Borough

West Riding	....	....	....	....	....	....	....	1414
Others	....	....	....	....	....	....	....	24

House to House Removals (Borough)

Journeys made—Patients not conveyed	....	....	....	....	....	....	....	995
Journeys made by Ambulance at Kendray Hospital	....	....	....	....	....	....	....	740

Mentally Retarded Children conveyed	....	....	....	....	....	....	....	22662
Midwives conveyed	....	....	....	....	....	....	....	20208
								297
								43167

The total number of journeys made to convey the 43,167 persons was 9,805 being an average of 4.4 patients per journey, which is 31 higher than the figure for last year.

Mentally Retarded Children

Mentally retarded children continue to be transported by ambulance coach to and from the Centre each day the Centre is open.

During the period under review the coaches made 1,863 journeys and carried 20,208 passengers, which shows a decrease of 18 journeys, and an increase of 164 passengers, as compared with last year.

Vehicles

One new ambulance and one new coach were received during the year as normal replacements. One redundant coach was sold privately, and a redundant ambulance was given free to the local Spastic Association.

No major breakdowns were incurred during the year, and there is no doubt that this was due in a large measure to the routine attention given to the vehicles.

Mileage

During the year the fleet covered 156,470 miles on ambulance duties, made up as follows:—

Ambulances	....	....	....	....	....	....	....	75,658
Ambulance Coaches	....	....	....	....	....	....	....	61,334
Sitting Car Case	....	....	....	....	....	....	....	19,478

For comparison purposes the figures for previous years were as follows:—

1957	....	....	....	....	....	....	122,701
1958	....	....	....	....	....	....	129,971
1959	....	....	....	....	....	....	132,278
1960	....	....	....	....	....	....	136,835
1961	....	....	....	....	....	....	157,909
1962	....	....	....	....	....	....	157,285

The mileage for the year is 825 miles less than the figure for 1962.

Communications

Calls for the Ambulance Service by Doctors, members of the public and other authorised persons continue to be received chiefly on Barnsley 3366, or in case of emergency, through the '999' system.

Direct lines are established between the Control Room and three hospitals, Beckett, St. Helen and Kendray.

Segregation of Services

On the 1st October 1963 a start was made in the segregation of the Fire and Ambulance Services.

Five new ambulance men were recruited on this date, making in all seven full time ambulance personnel.

The authorised strength of the ambulance service is 24, and at the time of this report the service is being operated by 7 ambulance personnel and 17 fire service personnel, who are under the control of Fire Service Officers.

Further recruiting for the ambulance service will take place as and when opportunities arise.

Short-Wave Radio

Short wave radio still continues to play a very important part in the efficient running of the ambulance service.

This form of communication has proved a success both operationally and economically, as it tends to reduce mileage, petrol consumption and time.

Accommodation

All vehicles are now housed at the ambulance garage at Broadway, with the exception of the emergency ambulance, which occupies a bay in the Fire Station appliance room.

First Aid Training

78 members of the Fire and Ambulance Service are qualified to render First Aid to the injured, and only men so qualified are allowed to perform ambulance duties.

A large proportion of the personnel are so proficient in this work that they are up to competition standard.

Conveyance of Midwives

The Service continues to place a sitting car at the disposal of the Medical Officer of Health for the conveyance of midwives during the non-working hours i.e.

Monday to Friday from 5.30 p.m. to 9 a.m. the following morning
Saturday from 12 noon until 9 a.m. on Monday morning
Public and Bank Holidays.

During the period under review 297 requests were dealt with, which is a reduction of 66 on the previous year.

Hearing Aids

At the request of the Medical Officer of Health, hearing aids are taken to Sheffield for repair and then returned to the local centre. Special journeys are not organised for this purpose and the hearing aids are taken with the daily journeys to Sheffield Hospitals.

During 1963, 383 hearing aids were taken for repair.

Medical Officer of Health, Mental Health and Home Nursing

Arrangements continue with the Medical Officer of Health whereby when the services of the Medical Officer of Health, a mental welfare officer or the Superintendent Home Nurse are required by a medical practitioner at those times when their office is closed i.e., weekends, Public and Bank Holidays, the call is accepted at the Control Room and passed to the appropriate officer with the minimum of delay.

Infectious Diseases

All cases to and from Kendray Hospital are now dealt with by ambulances stationed at the Ambulance Garage at Broadway.

Liaison with Hospitals

Liaison with all Hospitals and the Regional Hospital Board continues at a high level, and any problems which may arise are discussed amicably. Both Mr. Nunn and Mr. Garrett continue to help in every way. Both are conscious of the need to keep the ambulance requirements down to a minimum.

Equipment

All ambulances are equipped with Resuscitation Apparatus, and two "Minutemen" are now part of the modern equipment.

Blue Flasing Lights and Safety Straps

All ambulances have been fitted with blue revolving flashing lights to ensure speedier and safer transport of emergency cases, and certain vehicles have been fitted with safety straps for both personnel and patients.

Conclusions

The Health Committee, who are responsible for running the Ambulance Service, have expressed great concern at the number of patients who are for various reasons 'not conveyed' to and from hospitals when ambulance transport calls for them, thereby causing wasted journeys. These average about 80 per month and at least a half of them could, in my opinion, have been avoided.

Reasons such as :—

- No-one in
- Out shopping
- Made own way in or home
- Too ill to travel
- Not ready when ambulance called

are the common ones.

With the exception of 'too ill to travel' it could reasonably be argued that the others should not have had an ambulance authorised in the first place and in the case of those 'too ill to travel' a little thought on the part of the patient, by getting some member of the family to telephone the ambulance service cancelling the transport, would have saved a wasted journey.

The Ambulance Service continues to work at full pressure but a better service could be given if it is used only by those who really need it. Ambulance conveyance is free to those requiring it, provided it is requested by a person so authorised, but it should only be requested for persons who by virtue of illness or infirmity are unable to travel by other means. It should not be requested merely as a convenience or because of inability to afford other means.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

National Health Service Act 1946, S.28

No major change was effected in the authority's arrangements under this section of the Act. Co-operation and co-ordination of effort between Health Visitors, Home Nurses, Domestic Help, Handicapped Persons Services, as well as with the Welfare, Mental Health Services and Housing Services continued. Pooling of the information of those who are likely to be in need of assistance of a medico-social nature proved to be beneficial, thus the health visitors were able to get on with the job of bringing to light cases requiring help whose need had hitherto been unknown to the Health Service.

Care and After-Care

Geriatric Patients and the Chronic Sick

Registers of the aged and chronic sick are maintained by the Superintendent Health Visitor and each week a copy of the hospital waiting list of patients of these categories is supplied by the Consultant Physician in charge of geriatric wards in the hospitals. Weekly case conferences are held to ensure that up-to-date medico-social information is provided to the physician to assist him in deciding priorities for admission. In addition to this the health visiting staff work closely with other social and health workers to ensure that the fullest use is made of all resources, both statutory and voluntary.

The Superintendent Health Visitor, in reporting on the aged says :

"The chief complaint if the ageing members of the community is loneliness. They do not need much to make them contented. Their needs are simple—even just a long chat with an interested visitor will make their day."

In reporting on the chronic sick she says :

"The health visitor co-operates in this field of work with other social services and with the hospital medical and nursing staffs to assist in the domiciliary care of the chronic sick. Grants have been obtained from the National Society for Cancer Relief and other charities to ensure their home comforts. Special appreciation is due to the Red Cross, the Ladies Circle and the Business and Professional Women's Club for their help."

Hospital After-Care

The immediate follow-up of the patient on discharge from hospital is done by the health visitor allocated to the area in which the patient resides. Thereafter steps are taken to ensure that full use is made of the resources of the authority's services, such as home nursing and home help. Where necessary adequate communications are ensured between all those concerned with the patient. Exceptional services such as speech therapy and rehabilitative exercises are arranged in the home following discharge from hospital.

After-Care of the Tuberculous

The great part of this work is undertaken by the Health Visiting Service. Visits are paid to the home on notification of a case and whilst undergoing hospital treatment, constant contact is maintained with the patient to ensure that as far as possible the social problems of his case receive adequate attention. With changing conditions the health visitors have found that personal visits by them to Wathwood Chest Hospital are less frequently required. With the excellent relationship which exists with the nursing staff of that institution it is, in many cases, possible to maintain adequate contact by telephone. This is a valuable development as it results in a saving of time otherwise spent in travelling.

Contact follow-up has proved to be somewhat of a problem. During the year marked reluctance has been encountered amongst contacts of infectious cases to attend for x-ray or skin testing. This has resulted in the health visitors having to be particularly persistent in their dealings with these people when they default from attendances

at clinics. As with other forms of immunisation, B.C.G. vaccination of child contacts calls for much persuasion and is not infrequently met with default before all the procedures involved are completed.

Venereal Disease

Follow-up of contacts of persons suffering from venereal disease was continued as requested by the medical officer in charge of the Special Treatment Centre. As already noted in Part II of this report, there has been a continued decline in the incidence of venereal disease in Barnsley during the past few years. This is reflected in the reduction in the amount of work to be done in tracing contacts.

The figures for 1959 make an interesting comparison with those for 1963.

	1959	1963
Gonorrhoea		
New cases—Men	48	Men 11
Women	12	Women 2
Early Syphilis		
New cases—Men	2	Men —
Women	—	Women —

Prevention of Illness—Tuberculosis

Reference to Part II of this report will show that the position relative to pulmonary tuberculosis in Barnsley continues to be satisfactory. Much of this is due to the early recognition of potentially infectious cases and treatment of these before they have an opportunity of spreading infection. The most effective method of detecting such cases is by mass x-ray, a procedure to which every member of the community can subject himself with a minimum of inconvenience and discomfort. In the case of the vast majority of people who accept this simple method of "check up", the result is one of reassurance on at least one aspect of health. In the very few where disease is present, it is generally found so early that treatment is simplified and its course may well be shortened.

In previous reports mention has been made of the rising age at which pulmonary tuberculosis is now being detected. In many of these older patients it has been latent for years or the individual's resistance has been sufficiently high to limit its advance. Nevertheless, such patients who frequently have a minimum of symptoms can be highly infectious. The very fact that they are unaware of their condition makes this circumstance more dangerous to others. No effort has been spared in Barnsley to spread the gospel of frequent mass x-ray check-ups amongst the middle aged and it would appear that this is bearing fruit. Ten of the twenty-four persons found to have significant tuberculosis during the annual mass x-ray survey held in Barnsley in October, 1962 were over 35 years of age and of these three were over 60.

The annual visit of the Sheffield Mass X-ray Unit took place at the end of October and the beginning of November. As for several years past the only the only Centre was in the Town Hall. A total of 5,769 persons took part in the survey as compared with 4,883 in 1962. The increasing use made of the survey, combined with detection

of the disease in older people, is most heartening to those who have expended so much effort on this aspect of Health Education.

The results of the survey are as follows :—

		Male	Female	Total
Miniature Films :				
General Public	1,934	1,842	3,776	
Booked Groups	611	842	1,453	
School Children	276	212	488	
Doctors' Patients	28	11	39	
Ante-Natal Patients	—	13	13	
Total Miniature Films	2,849	2,920	5,769	
Large Film Recalls	103	58	161	
Total Attendance at Unit	2,952	2,978	5,930	
	Male	Female	Total	
Patients referred to :				
Chest Clinic	42	18	60	
Own Doctor	106	31	137	
Re-check in one year	3	4	7	
	Male	Female		
Provisional Diagnosis of Patients referred to Chest Clinic :				
Active Tuberculosis	8	3		
Inactive Tuberculosis	8	5		
Bronchial Neoplasm	4	—		
Pneumoconiosis	4	—		
Pneumoconiosis with PMF	3	—		
Bronchiectasis	6	2		
Encysted Pleural Effusion	1	—		
Acute Inflammatory Condition	5	2		
Post Inflammatory Fibrosis	1	2		
Bronchitis and Emphysema	1	—		
Unilateral Emphysema	—	1		
Pleural Thickening	—	1		
Malignant Pleural Effusion	—	1		
Nil	1	1		
	Male	Female		
Other Abnormalities discovered.				
Inactive Tuberculosis	3	5		
Acute Inflammatory	2	3		
Heart Disease	7	14		
Bronchiectasis	1	1		
Eventration of Diaphragm	—	1		
Hiatus Hernia	—	1		
Pneumoconiosis	133	—		
Pneumaconiosis with PMF	1	—		
Bronchitis and Emphysema	4	—		
Substernal Thyroid	1	—		

The Director reports :

"It was gratifying to see an increase in the total attendances compared with 1962 and I was particularly interested to see that most of this increase occurred in the General Public Sessions.

"Sixty persons were referred to the Chest Clinic, 137 to their family doctors and a routine annual check was arranged for seven others. There was also an increase in the cases of significant tuberculosis discovered but I would emphasise that the diagnosis is provisional as there has not been time to receive reports from the Chest Physicians. According to my estimate there were 24 persons with significant tuberculosis of whom 11 were thought to have active disease, i.e. requiring immediate treatment or very close supervision. In this category there were eight men with active disease aged respectively 34, 39, 46, 46, 51, 61, 64 and 67 and three women aged 35, 38 and 41. Four men were thought to have bronchial neoplasm and one woman had a malignant pleural effusion presumably secondary to a breast carcinoma. As usual there was a very large number of cases of pneumoconiosis varying from slight radiological changes to two persons with massive fibrosis. Some of these have already been investigated by the Pneumoconiosis Panel and quite a number will probably be submitting claims within the next few months. A fairly large number have a minimal disease which is most unlikely to pass the standard required by the Pneumoconiosis Panel for disability benefit."

The arrangement whereby expectant mothers are offered Radiological Examinations of the chest to exclude unsuspected tuberculosis was continued in 1963. All these examinations are carried out at St. Helen Hospital, Barnsley, where special precautions are taken to reduce radiological hazards to a minimum. 171 patients attended.

Vaccination against Tuberculosis—B.C.G.

The arrangements already in existence for vaccination against tuberculosis were continued during 1963. The work is done under the supervision of the Chest Physician, and x-ray control is applied to those children who have been vaccinated.

The figures for vaccination during the year are as follows :

- A. Contact Scheme (Ministry of Health Circular 72/49)

Number skin tested	89
Number found positive	Nil
Number found negative	89
Number vaccinated	85
- B. School Children Scheme (Ministry of Health Circulars 22/53, 7/59 and 6/61)

Number skin tested	448
Number found positive	21
Number found negative	427
Number vaccinated	427
- C. Students attending Further Education Establishments (Ministry of Health Circular 7/59)

No work was done under this heading during 1963.

Health Education

The principal method of disseminating information and advice on the promotion of health continued to be the direct approach to the individual. The medical and nursing staffs exploit every opportunity they encounter to spread the gospel of health and to stimulate interest in it when dealing with individuals and small groups. The stimulation

of interest is without doubt the most important part of this work, the more so when this is done amongst the younger element of the population. It is certainly more effective in its long term results than "education" by slogan, gimmick or catch phrase.

On this account it must be appreciated that a large proportion of the work in health education tends to pass unnoticed as part of the day's routine work at clinics, on visits to the home, on questions answered by telephone and even in attendance at committee meetings. To meet the requirements of larger groups a speaker on any health subject, specially chosen as the most suitable member of the staff for the particular assignment, is provided on request to any organisation in the town. Where necessary, visual aids to instruction are obtained from the many sources available to provide illustration should the speaker consider it desirable.

An appreciable amount of dental health education is undertaken in the schools and at the dental clinics. Similarly, mothercraft classes are held by health visitors in the junior girls' schools. Instruction regarding smoking and the dangers arising from it is given individually as opportunity arises and on request to groups in schools. Care is taken here to avoid rousing any antagonisms by a too authoritarian approach.

It will be noted in another part of the report that there is a decline in attendance at the mothers clubs held at clinics, whilst young wives clubs organised by other bodies are becoming increasingly popular. These clubs are most co-operative and offer the authority's team of health educators frequent opportunities of addressing their members. It would seem that there is some considerable advantage in effecting health education through bodies which are voluntarily formed with a wider horizon than those promoted by the authority's officers and attached to clinics. Indeed the mothers club talks could hardly avoid, from time to time, duplicating points of instruction given in the mothercraft teaching provided at the ante-natal relaxation classes. It is therefore well that health instruction should be interspersed with other interests thus avoiding over-emphasis by too frequent repetition.

As previously, little use is made in Barnsley of conventional methods of mass indoctrination. In a relatively small community it is not difficult to employ the approach to the individual apart from the fact that in such circumstances the more impersonal methods tend to be less effective. Every offer of poster and other publicity material is carefully examined and where something outstanding becomes available it is secured and used sparingly. This has been applied particularly to films, slides and posters related to smoking. Care is taken to ensure that, despite enthusiasm of the staff, the walls of clinics and notice boards do not become papered with placards exhorting various people to do a multitude of different things. Such displays are no doubt looked at but are rarely seen.

The aspect of health education which has again caused most concern is that related to food hygiene. There is little doubt that

ordinary methods even at a National level have failed miserably in inculcating into either members of the food trade or the community at large, the most elementary principles of protecting food against infection. Mention is made of this in other parts of the report where food hygiene and food borne diseases are considered.

In an effort to deal with the situation experimental action is being taken where an outrage against good hygiene is observed to be committed by a member of the food trade. A letter pointing out the outrage and the possible consequences of it is sent to the firm concerned. At the same time, the principal of the firm is invited to meet and discuss the matter with the Medical Officer of Health—it should be pointed out that unfortunately, statutory action is not possible for some quite dangerous breaches of the Food Hygiene Code—these invitations are usually accepted and from the subsequent discussions, useful opportunities for health education arise. This method appears to be quite effective as far as it goes. However, bad hygiene is widespread and observers are only on the spot to note and deal with a very small proportion of the instances of it which occur. Therefore far too few meetings and discussions can take place.

From this it seems that shock methods may have a place in health education as related to food hygiene. Experience in the U.S.A. confirms this, so it remains to examine the position further to ascertain whether it might be possible to use more of these methods effectively in Barnsley.

Finally it is worthy of note that in matters relating to health education the local press has, during the past year, been most co-operative.

There is no doubt at all that where it is necessary to give health information or advice to the whole community quickly and effectively, enlistment of the help of the locally circulating newspapers is the best method. This has been done several times during 1963. The opportunity is taken therefore of expressing appreciation and thanks for the assistance in health education which has been received from the press.

The Corporation has continued the annual subscription to the Central Council for Health Education and considerable use has been made of material provided by this body and also by the General Dental Council, in relation to dental hygiene.

Chiropody

The arrangements for treatment remained unchanged during 1963. Mr. Aldam, the Chiropodist, continued to attend for three sessions per week.

All treatments are carried out at the Medical Services Clinic, New Street, Barnsley. The service is available for Old Age Pensioners, Expectant Mothers and Physically Handicapped Persons.

A medical certificate is required from the patient's general practitioner before treatment can begin. The general practitioner also requests the provision of transport for appropriate cases and the Ambulance Service is available for this purpose.

Treatments carried out during the year are as follows :—

Category	First Visits	Other Attendances	Totals
Old Age Pensioners	92	840	932
Expectant Mothers	—	—	—
Handicapped—			
Deaf	—	—	—
Blind	5	31	36
Physical	2	34	36
	Total	99	905
			1,004

The above figures compare with 134 first visits and 983 other attendances for 1962.

Speech Therapy

6 adults were treated by the Speech Therapist during the year.

Audiometry

185 adults were given a hearing aid test at the New Street Clinic.

Physiotherapy

9 adults were treated by the Physiotherapist during the year, either in their own homes or on clinic premises as part of the authority's arrangements for hospital after-care.

HOME HELP SERVICE

National Health Service Act 1946, S.29

The Home Help Organiser reports :

"The Home Help Service continued to work under some strain during 1963. Although the hospital beds available for the geriatric patients had increased, old people are living longer and it is the responsibility of the domiciliary services and in particular the Home Help Service, to ensure that they continue to live in comfort and security in their own homes.

"During the year, 628 households received help and at the end of 1963 the weekly case load was 487. This figure continues to rise proportionately. Less money was available for wages in the budget than in previous years. In spite of this economy, more householders were given help and there is some satisfaction in the thought that at no time was help not available where there was a need for the service. Patients requiring additional help due to acute illness or deterioration were adequately cared for. This care and attention was possible by regular discussion of cases, visiting and constant review of the circumstances, together with the help and co-operation of other colleagues of the Health Department. Hospital Almoners and family doctors too have done much to ensure that the service is used for the care and after-care of the patient after hospitalization in addition to the prevention of illness.

"Nevertheless, this resulted in an even heavier burden being placed on the Organisers and the Home Helps and it is to be hoped that this additional pressure will not result in an increase of sickness amongst the staff.

"As well as making full use of the Public Health team, families have been asked for their full co-operation in assisting their aged relatives, particularly over weekends and Bank Holidays. Some relatives have responded to the call whilst others have been most reluctant to come forward and give the co-operation requested. This section of the community in Barnsley, as in many other areas, is obviously unaware of the great cost of the Home Help Service. Many local authorities would be willing to give more help in the homes of the people and are acutely aware of the 'ideal' but there is a limit as to how much can be spent on domiciliary care, and in Barnsley, the health authority have always been generous in the provision of home help to the sick and the aged.

"The National Health Service Act says that a local authority may provide a Home Help Service. The service is permissive and not obligatory as in the case of the Home Nursing Service or Ambulance Service. If a doctor feels that his patient needs home help, it is the duty of the authority to see that help is available. On investigation, however, it may be found that this help might be provided by the patient's family, by a friend or by neighbours. When the latter is the case, it is not reasonable to expect the local authority to make provision for the services of a home help. So it is that the Home Help Organiser, like many other officers of the Public Health Department, continuously endeavours to ensure that family bonds are not completely broken.

"The Children's and Young Persons Act 1963 came into operation from 1st October, 1963. This Act encourages local authorities to improve the home background of unfortunate children by providing advice and guidance to these families. This Act, along with the Mental Health Act 1959, brings added responsibility to the Home Help Service.

"It therefore becomes increasingly important to select home helps most carefully from the right type of woman. The home help has a great responsibility and is called upon to use initiative and imagination. She is confronted with the mentally confused, the blind, the physically disabled, the diabetic, the problem of strained family relationships. The homes may be neglected and dirty and resources in every respect may be very inadequate.

"Certain members of the public and the press and indeed some officers within the local government service itself see the home helps as a brood of domestic workers. They have been described as 'Mrs. Mops' and even 'Chars'. It becomes painfully evident that many of these people are completely unaware of the work and achievements of many of these home helps. Being an efficient housewife and mother is a very skilled job for which training has long been necessary. Improving the standards in other people's homes, when resources are low, being cheerful, sympathetic, tolerant and helpful when problem personalities and ill health are additional hazards, is an added responsibility.

"The efficient home help not only 'prevents', she should also be an 'educator'. Her influence can be great. She spends many hours in the old people's homes, frequently over long periods and what she does and says makes a profound impression on the households

wherever she is attending. This emphasises the need for training the right type of home help. This need not be specialised training, but a training to give her status, to make sure that the right things are being done the correct way. The home helps need to be given status and themselves made to realise that as home helps they are very specially chosen members of the Health Department. The standards they achieve should be an example to the householders they attend. Only then can the full value of the home help be realised, both in preventive measures and in health education. The number of single women employed as home helps is on the increase. They have untold possibilities to give the service at weekends and Bank Holidays. Women with families can hardly be expected to cover weekend duties at the expense of leaving their own families.

"It is hoped to develop a training scheme for home helps in 1964 and provision for this has been made in the annual estimates.

"The social activities of the service flourished with continued enthusiasm. The annual dinner and dance in March was held at Wortley Hall and was enjoyed by all.

"Early in June, 40 of the Barnsley home helps travelled to Sheffield on a Saturday afternoon to be entertained by the Sheffield home helps at their new training and social centre. This proved to be most successful and Barnsley hope to return the hospitality when they have a 'home' in which to accommodate their Sheffield colleagues.

"Below are some details of the number of cases where help was supplied in 1963.

Aged and Chronic Sick over 65 years of age	547
Chronic Sick and T.B. under 65 years of age	32
Mentally disordered under 65 years of age	2
Maternity	7
Temporary and Acute illness under 65 years of age	40
	—
Total	628
	—
Number of home helps employed	112
No. of visits, enquiries and investigations made by Organiser and Assistants during 1963	11,606
No. of applications investigated from January-December, 1963 (including 9 brought forward from 1962)	263
No. of cases where help was provided from 1st January (including 457 cases brought forward from December, 1962)	628
No. of cases where help was not provided	84
Number of cases on waiting list	8

Cost of Service

Financial Year ended	Gross Cost	Income
31st March, 1954	£13,507 5 9	£553 16 4
31st March, 1958	£25,898 3 7	£1,223 17 0
31st March, 1962	£36,097 12 10	£5,667 6 4
31st March, 1963	£32,169 17 1	£5,123 11 2
31st March, 1964	£34,999 4 2	£5,211 5 4

CARE OF THE AGED

National Health Service Act 1946, S.28

National Assistance Act 1948, S.21

The situation regarding the care of the aged in Barnsley was described in some detail in the Annual Report for 1962 and no radical changes have materialised during the past twelve months. The position may be summarised as follows:—

The Mount Vernon Hospital provides 66 geriatric beds. These have proved to be insufficient for the needs of the area and an early extension to this hospital is projected. There is adequate "Part III" accommodation provided by the local authority under the National Assistance Act 1948. In addition, a number of aged persons' bungalows have been provided by the Housing Committee and for the occupants of these, special welfare arrangements have been brought into being. The various services provided by the health authority and described in other section of this report are available and are specially co-ordinated to deal with the needs of the aged.

By reason that the geriatric hospital accommodation is not fully adequate to the needs of the area there is a waiting list for admission to hospital. The arrangement which has been in existence for a number of years past whereby the Medical Officer of Health receives a copy of the current waiting list each week continues. This provides most helpful information and forms the basis of a weekly case conference held between the various members of the health authority's staff concerned with the needs of the aged. The results of these deliberations are communicated to the Consultant Geriatric Physician to the Hospital Group. Over the years this arrangement has proved to be of great value and promotes co-ordination and co-operation between the three parts of the health service. At the same time, a regular review of the needs of all geriatric patients for whom hospital care has become necessary is included.

Reference has been made in the past to the problem of the geriatric patient who suffers from senile mental disturbance. 1963 has come and gone and as far as Barnsley is concerned, the solution to this problem seems to be no nearer. These patients are not very numerous but even so they cause a great deal of anxiety to all who are concerned with them. In many cases their physical infirmity is not very great and so it is difficult to justify priority admission to a geriatric or chronic sick medical ward. Their mental confusion is such that with the new approach to mental illness, the psychiatrists claim that they are unsuitable for admission to mental hospitals. Nevertheless, these patients call for constant experienced observation and care, by reason of their mental disorientation, to protect them from simple physical dangers and to prevent them from harming themselves. The mental and physical strain of having to care for such a patient placed on a family is very great indeed. It may well be that demands of this kind have something to do with the apparent decrease in filial

affection in the community. Prior to the coming of the National Health Service when the strain of such patients became unbearable, arrangements existed whereby families, little as they might like to accept the solution, knew that they could get relief. This is not so certain today.

There is therefore a great need for a psycho-geriatric unit within the hospital system whereby skilled care can be provided for the patient suffering from senile confusion. It is to be hoped that this need will be met in the implementation of the Hospital Plan.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

**National Assistance Act 1948, S.47
National Assistance (Amendment) Act, 1951**

No case arose during the year in which it was found necessary to consider action under S.47 of the National Assistance Act, 1948.

Consideration was given in several cases to invoking the powers conferred by this legislation. However, careful examination of the circumstances under which each of these arose indicated that the persons concerned would be more properly dealt with under the provisions of the Mental Health Act 1959. This course was therefore followed. It seems likely that in future a high proportion of cases of this kind will call for care through the Mental Health Service rather than the simple statutory action authorised in this section of the Act.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

The arrangements whereby the Medical Officer of Health acts as co-ordinating officer in accordance with the Minister's suggestions as contained in Circular 48/50 was continued throughout the year. Meetings were held at appropriate intervals at which interested bodies and Corporation Departments were represented. Information relating to all known individual families was circulated prior to the meetings and a full discussion took place on each case.

The preparation of this information, and the greater part of the routine supervision of families in need of it is carried out by the Health Visiting Staff who paid a total of 1,739 special visits for this purpose to 57 families who from time to time have come to the notice of the co-ordinating officer.

These families are, of course, those which are described as "problem families" and their supervision presents the Health Visiting Service with an extremely difficult task. In most cases the underlying cause is the sub-normal intelligence of one or both parents. This prejudices their ability to accept normal responsibilities and to withstand the many temptations towards improvidence. These difficulties can well be aggravated when in an attempt to encourage them, they are moved from slum dwellings

to modern Council property. They fail to appreciate the necessity for providing for the higher rent consequent upon the higher standard of accommodation and they are also much too easily influenced by the unscrupulous salesmen who tend to congregate like birds of prey when families are moved into new estates. In this way they tend to build up a load of debt which in turn reflects upon the care of the children. A great deal of work remains to be done in relation to these families including a reappraisal of the place they should be permitted to occupy in the structure of the community. Until this is done the local authority and its officers can do little more than apply to them all possible assistance and help in those places where it appears to be indicated. At the same time they must ensure that the fullest possible advantage is derived by the children from the modern system of education with a view to ensuring that they in turn do not reproduce problem families themselves.

The opportunity is taken here of acknowledging the assistance and co-operation in this work which is afforded by the Probation Officers and various voluntary bodies, notably the N.S.P.C.C. and the Salvation Army.

MEDICAL EXAMINATIONS

As in previous years, medical examinations for various purposes were carried out by the Corporation's Medical Officers (434 compared with 411 in 1962). The detail of the purposes of the examination is as follows:

Child Delinquents	....	....	....	....	....	....	102
Boarded-out Children	....	....	....	....	....	....	71
Candidates for Training Colleges	....	....	....	....	....	....	40
Superannuation, Fitness for Employment	....	....	....	....	....	....	185
Police Force Recruits	....	....	....	....	....	....	22
Fire Service Recruits	....	....	....	....	....	....	13
Retirements	....	....	....	....	....	....	1

PART IV

MENTAL HEALTH

The Mental Health Act, 1959 The National Health Service Act 1946, S.57

It is the very error of the moon;
She comes more near the earth than she was wont,
And makes men mad.

"Othello" v. ii 107.
William Shakespeare, 1564-1616

The Annual Report on Mental Health and Mental Health Services in Barnsley has seemed, for a number of years, to consist of a series of descriptions of difficulties and frustrations. This has arisen from the authority's efforts to build up a modern service for pre-care and after-care of the mentally ill in the absence of a modern hospital psychiatric service. There seems to be little point in describing once again in detail the arrangements whereby the mentally ill from Barnsley must receive in-patient treatment in a hospital outside the Sheffield Regional Hospital Board's area, or to reiterate all the problems which arise from this.

The Hospital Plan for England foreshadows the establishment of a psychiatric hospital unit in Barnsley which, when it is operating, will without doubt remove the difficulties inherent in the present situation. In the meantime it must be borne in mind that there are few, if any, other parts of the National Health Service where co-ordination between hospital and home care is so essential, both in development and day to day working in mental health. Many of the problems of day to day working can be overcome and in fact are overcome by understanding and goodwill between the respective staffs. Here it must be recorded that the staff of Storthes Hall Hospital have shown to Barnsley—which is really outside their catchment area—both of these qualities in the fullest measure. Without their assistance so freely given, the provision of any Mental Health Service at all would have been extremely difficult, if not impossible.

When it comes to development of the Service, however, the position is different. Schemes for day centres and residential hostels which are essential parts of the authority's after-care arrangements, must be aligned with hospital policy for admission and discharge. Such policies themselves are often influenced by the accommodation available in hospital buildings. It is unlikely that they would be exactly the same for a hospital built some years ago, such as Storthes Hall, as for a new psychiatric unit accommodated in converted premises. Viewed in this light, the difficulties which face the Barnsley health authority can be appreciated. These difficulties will continue until the Sheffield Regional Hospital Board takes initial steps to implement the Hospital Plan as it affects mental health in Barnsley. It would be most helpful if the appointment of the Senior Psychiatric

Consultant who will develop the new unit could be accelerated. When this is done, the starting point for co-ordination between health authority and hospital will have been achieved. Until then it is feared that it will be impossible to do other than summarise the Annual Report on Mental Health with the words "position unchanged".

Mention has already been made in the foregoing part of this report of the problems arising from the lack of provision of accommodation and institutional care for the psycho-geriatric patient. This again has remained unchanged and it appears unlikely that any effective progress will be made in this direction in advance of the establishment of the psychiatric unit within the Barnsley Group of Hospitals. It is here perhaps, with the increasing number of aged people in the community, that the need for a psychiatric service will become most acute. In view of this, it is essential that the position be recognised fairly and squarely. It would be most regrettable if some "ad hoc" measures were to be instituted which, while meeting the need for the time being, would do little towards satisfying it permanently.

The position regarding institutional care for the severely sub-normal still continues to be difficult and the comments made on this in the past remain applicable. In preparing the 10-year Plan for Mental Health, the local authority has had regard for this. Consequently, high priority has been accorded to the provision of an Adult Training Centre. Thus it will be possible to keep in the community cases which previously have been regarded as requiring institutional care. Unfortunately, however, such patients are not the only pressing problem. There are also the very severely sub-normal who are non-ambulatory and who require constant nursing and supervision. Fortunately, such cases are not numerous but those there are tend to impose intolerable burdens on their families, burdens from which present day standards of humanity postulate periodic if not permanent relief. To do something to mitigate this problem, it is proposed to provide a special care unit as part of a new Junior Training Centre to be build immediately following the completion of the Senior Training Centre.

Progress towards the provision of the Adult Training Centre has been slow. However, plans were prepared during the year and were forwarded for approval to the Ministry of Health. There is every reason to hope that building operations for this will be commenced on the Broadway site during 1964.

During the year the mental welfare officers continued to carry out care and after-care visits as in the past and from time to time attended case conferences at Storthes Hall Hospital. One medical officer and the mental health officers continued to attend the psychiatric out-patients department at Beckett Hospital. The two female mental health officers have worked closely with the Child Psychiatrist at the Child Guidance Centre and have found this a most rewarding field of family mental health. In addition, the trainee mental health assistant has been employed in various aspects of case work and has made progress towards becoming a useful member of the mental health team.

(1) **Administration**

- (a) The duties of a Mental Health Sub-Committee are carried out by the Handicapped Persons Sub-Committee of the Health Committee. This sub-committee on which no co-opted members sit, consists of 9 members, three of whom are women. The sub-committee meets monthly.
- (b) Number and qualifications of the staff:
The Medical Officer of Health,
The Deputy Medical Officer of Health,
The two Senior Clinical Assistant Medical Officers are approved for the purposes of S.28 of the Mental Health Act, 1959.
The Health Authority has an establishment of 3 Mental Health Officers and 2 Mental Welfare Assistants.
3 Mental Health Officers and 1 assistant were in post at the end of the year. Two Mental Health Officers are State Registered Nurses and hold the Health Visitor's Certificate.
The Junior Training Centre was available for children and young persons suffering from mental sub-normality as a whole time Centre through 1963. The Supervisor is in possession of the Diploma qualification of the National Association for Mental Health. There are in addition five untrained assistants. The internal Administration of the Centre is carried out by the Supervisor under the direction of the Medical Officer of Health.
- (c) A Consultant Psychiatrist employed by the Regional Hospital Board holds an out-patient clinic at Beckett Hospital. The Mental Health Officers attend with patients at this psychiatric clinic as occasion demands. A Consultant Child Psychiatrist employed by the Regional Hospital Board attends the Child Guidance Centre, Atherton, for three sessions weekly. There are no officers jointly employed by the local authority and the Regional Hospital Board.
After-care of patients discharged from mental hospitals or institutions is carried out as required by the Deputy Medical Officer of Health and by Mental Health Officers.
- (d) No duties are delegated to Voluntary Associations.

(2) **Work undertaken in the Community**

- (a) Under Section 28 of the National Health Service Act, 1946
Prevention of Illness, Care and After-Care
This was done by visitation by the Mental Health Officers and also by the authority's health visitors. By this means efforts are made to persuade patients to attend the psychiatrist out-patients' clinics held by the Regional Hospital Board. The Mental Health Officers usually go with them and ascertain the nature of the advice. In this way it is possible to ensure that adequate supervision and assistance is available in cases where preventive measures are likely to be of value.

(b) **Under the Mental Health Act 1959—**

I Mental Illness

The number of cases investigated by Mental Health Officers is shown in tabular form on page 69.

In addition to visits to patients requiring admission to hospital the Mental Health Officers also made 759 after-care visits to patients who had been discharged from hospital and 212 visits to patients who did not require admission to hospital.

II Mental Subnormality

The diagnosis and notification of new cases proceeded throughout the year in conjunction with the School Health Service for the care of young children and otherwise.

The mentally subnormal who remain in the community are supervised by the Mental Health Officers and 644 visits to homes were paid for this purpose during the year. At present there are no cases under guardianship in the County Borough.

Training

The authority maintains a Junior Training Centre in Pitt Street. 80 places are available, 12 of which were occupied by West Riding residents under an agreement with the West Riding County Council until 12th July, 1963.

Though the Centre is nominally a Junior Training Centre, facilities have been made available for adults to attend on a part-time basis several afternoons a week pending the opening of an Adult Training Centre.

The Junior Training Centre

The Supervisor reports as follows:

"The numbers of children and adults attending the Centre at December, 1963 were lower than at the end of 1962. This was due to the fact that the last 11 West Riding County Council cases were transferred to a new Adult Training Centre in Wombwell in July, 1963. As a result of this all the children awaiting admission were able to be admitted to the Centre and there are a few remaining places to be filled as children are referred.

"Work carried out for the Centre by the Corporation's Building Department in 1963 included the re-decorating of the hall and kitchen, the fixing of remote control gear to windows and the provision of a hot water supply to cloakroom wash basins.

"The Centre continued to serve as a practical training centre for students from the Diploma Course for Teachers of the Mentally Handicapped organised by the National Association for Mental Health.

"An Assistant Supervisor attended a Refresher Course in April which was held at Eccleshall Training College, Staffordshire, and organised by the Staffordshire County Council. The Supervisor attended the second Congress of the International League of Societies for the Mentally Handicapped which was held in Brussels in October.

"The curriculum throughout the Centre during 1963 was basically the same as in previous years. The activity approach to teaching and learning, which was introduced in 1962, was continued with the younger children in the Centre. They appear to be enjoying this approach and derived benefit from it.

"The adults (male and female) continued to attend the Centre for part-time training and received instruction in a wide variety of handicrafts. £37 6s. 6d. was realised from the sale of handicraft articles made during the year.

"Two day outings to Cleethorpes were arranged in June in which 70 children and adults took part.

"A Harvest Festival Thanksgiving Service was held in September to which parents were invited. Gifts of fruit and vegetables were sent to the Corporation's Children's Homes. An Open Day was held in December and was well supported by parents and friends. A display of handwork was arranged and demonstration of activities in the Centre curriculum were given by the children. £16 0s. 6d. was realisled from the sale of handwork on that day. Christmas parties were also held in December.

"Meetings of the Parent-Teacher Association were held each term throughout the year. The Association provided the children with spending money for their outing to the seaside".

No. of persons on register:

	Males		Females		Total		Grand Total
	Under	Over	Under	Over	Under	Over	
	16	16	16	16	16	16	
Barnsley	13	19	13	24	26	43	69
W.R.C.C.	1	6	—	4	1	10	11
(until 12th July, 1963)							

Average Full-time attendance:

Boys under 16 years of age ....	....	....	....	....	....	....	10.36
Boys over 16 years of age ....	....	....	....	....	....	....	11.81
Girls under 16 years of age ....	....	....	....	....	....	....	10.90
Girls over 16 years of age ....	....	....	....	....	....	....	12.03

Average Part-time attendance:

Boys under 16 years of age ....	....	....	....	....	....	....	0.77
Boys over 16 years of age ....	....	....	....	....	....	....	4.79
Girls under 16 years of age ....	....	....	....	....	....	....	—
Girls over 16 years of age ....	....	....	....	....	....	....	7.82

Dinners:

No. of children receiving and paying for dinners (1/- ea.)	40
No. of children receiving and paying for dinners (6d. ea.)	1
No. of children receiving free dinners ....	....
Total number having dinners ....	....
No. of dinners provided for children—paid (1/-)	....
No. of dinners provided for children—paid (6d.)	....
No. of dinners provided for children—free ....	....
No. of dinners provided for staff—paid ....	....
No. of dinners provided for staff—free ....	....
Total number of dinners provided ....	....
No. of $\frac{1}{3}$ rd pint bottles of milk delivered for children	7992

Position regarding patients in psychiatric hospitals

Number of patients in psychiatric hospitals on 1st January, 1963:

Mentally Ill		Males	Females
Storthes Hall Hospital	.... .... .... ....	95	98
Stanley Royd Hospital	.... .... .... ....	6	7
Menston Hospital	.... .... .... ....	4	1
Runwell Hospital, near Wickford	.... .... .... ....	—	1
		105	107
		—	—

Subnormal and severely subnormal		Males	Females
St. Catherine's, Doncaster	.... .... .... ....	36	40
Leicester Frith, Leicester	.... .... .... ....	1	—
Grenoside, Sheffield	.... .... .... ....	1	—
Lisieux Hall, near Chorley	.... .... .... ....	1	—
Dronfield Hospital, near Chesterfield	.... .... .... ....	1	—
Harmston Hall, Lincoln	.... .... .... ....	1	—
Balderton Hospital, near Newark	.... .... .... ....	3	—
Aston Hall, near Derby	.... .... .... ....	1	—
Ridgeway Hospital, Belper	.... .... .... ....	1	—
Glengate Hospital, Leicester	.... .... .... ....	1	—
Rampton, near Retford (special hospital)	....	2	—
		49	40
		—	—

Admissions during the 12 months ended

31st December, 1963		Males	Females
Storthes Hall Hospital	.... .... .... ....	38	49
Stanley Royd Hospital	.... .... .... ....	—	2
Runwell Hospital, near Wickford	.... .... .... ....	1	—
(transfer from Storthes Hall Hospital)		—	—
		39	51
		—	—

		Males	Females
Aston Hall, Derby	.... .... .... ....	—	1
St. Catherine's, Doncaster	.... .... .... ....	1	2
		—	—
		1	3
		—	—

Discharges during the 12 months ended

31st December, 1963		Males	Females
Storthes Hall Hospital	.... .... .... ....	43	52
Stanley Royd Hospital	.... .... .... ....	2	1
		—	—
		45	53
		—	—

Deaths during the 12 months ended
31st December, 1963

		Males	Females
Storthes Hall Hospital	.... .... .... .... ....	6	3
Stanley Royd Hospital	.... .... .... .... ....	—	1
Harmston Hall, Lincoln (subnormal)	.... .... .... ....	1	—
		—	—
		7	4
		—	—

Number of patients in psychiatric hospitals
on 1st January, 1964

		Males	Females
Storthes Hall Hospital	.... .... .... .... ....	84	92
Stanley Royd Hospital	.... .... .... .... ....	4	7
Menston Hospital	.... .... .... .... ....	4	1
Runwell Hospital, near Wickford	.... .... .... ....	1	1
		—	—
		93	101
		—	—

Number of patients in psychiatric hospitals on 1st January, 1964
Subnormal and severely subnormal

		Males	Females
St. Catherine's, Doncaster	.... .... .... .... ....	37	42
Leicester Frith, Leicester	.... .... .... .... ....	1	—
Grenoside, Sheffield	.... .... .... .... ....	1	—
Lisieux Hall, near Chorley	.... .... .... .... ....	1	—
Dronfield Hospital, near Chesterfield	.... .... .... ....	1	—
Balderton Hospital, near Newark	.... .... .... ....	3	—
Aston Hall, near Derby	.... .... .... .... ....	1	1
Ridgeway Hospital, Belper	.... .... .... .... ....	1	—
Glengate Hospital, Leicester	.... .... .... .... ....	1	—
Rampton, near Retford (special hospital)	.... .... .... ....	2	—
		—	—
		49	43
		—	—

		Males	Females	Totals
Number of visits made to patients dis- charged from psychiatric hospitals	....	275	484	759
Number of visits made to patients reported for investigation but who were not removed to hospital	.... .... .... ....	85	127	212
Number of visits made to subnormal and severely subnormal patients (including the educationally subnormal)	.... .... .... ....	300	344	644
Number of visits made re patients in psychiatric hospitals and to patients who are on week-end leave	.... .... .... ....	59	39	98
		—	—	—
		719	994	1713
		—	—	—

**Analysis of cases investigated and dealt with by
the Mental Health Officers during 1963**

Mental Health Act, 1959	Males	Females	Totals
Section 5—informal admission	17	22	39
Section 25—compulsory admission for observation for a period not exceeding 28 days	3	11	14
Section 26—compulsory admission for treatment	4	2	6
Section 29—compulsory admission (emergency) for observation for a period not exceeding 72 hours	14	15	29
	38	50	88
Section 60—by order of the Magistrates' Court	—	1	1
	38	51	89
	—	—	—

During this period 1 male patient was transferred from Storthes Hall Hospital to Runwell Hospital, near Wickford.

Patients over 70 years of age (included in the above) who were admitted to psychiatric hospitals during 1963

	Males	Females	Totals
Section 5—informal admission	1	2	3
Section 25—compulsory admission— limited period	—	1	1
	1	3	4
	—	—	—

MENTAL HEALTH ACT, 1959

	Mentally Ill		Psychopath		Subnormal		Severely Subnormal		Totals		Grand Total
	Under Age 16 M	16 and over M	Under Age 16 M	16 and over M	Under Age 16 M	16 and over M	Under Age 16 M	16 and over M	Under Age 16 M	16 and over M	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1. Admissions to guardianship of L.H.A. or other guardian during the year ended 31/12/63 ...	—	—	—	—	—	—	—	—	—	—	—
2. Total number under guardianship at 31/12/63 ...	—	—	—	—	—	—	—	—	—	—	—
3. Number of patients under L.H.A. care at 31/12/63	—	—	95	136	—	—	1	1	59	50	474
(a) Total number ...	—	—	—	—	—	—	—	—	17	18	68
(b) Attending day training centre	—	—	—	—	—	—	—	—	12	13	—
Awaiting entry thereto ...	—	—	—	—	—	—	—	—	—	—	—
(c) Resident in residential training centre ...	—	—	—	—	—	—	—	—	—	—	1
(d) Receiving home training ...	—	—	—	—	—	—	—	—	—	—	—
Awaiting home training ...	—	—	—	—	—	—	—	—	—	—	—
(e) Resident in L.A. Home/ Hostel ...	—	—	—	—	—	—	—	—	—	—	2
Awaiting residence in L.A. Home/Hostel ...	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A. expense in other residential homes/ hostels ...	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A. expense by boarding out in private household ...	—	—	—	—	—	—	—	—	—	—	—
(f) Receiving home visits and not included under (b) to (e) ...	—	—	95	136	—	—	1	1	59	45	404

Mental Health Act, 1959—continued

		Mentally Ill		Psychopath		Subnormal		Severely Subnormal		Totals	
		Under Age 16 M (1)		16 and over Age 16 M (2)		Under Age 16 M (3)		16 and over Age 16 M (4)		Under Age 16 M (5)	
		M	F	M	F	M	F	M	F	M	F
4.	Number of patients in L.H.A. area on waiting list for admission to hospital at 31/12/63										
	(a) in urgent need of hospital care	—	—	—	—	—	—	—	—	2	4
	(b) not in urgent need of hospital care	—	—	—	—	—	—	—	—	1	3
										1	4
										10	
5.	Number of admissions for temporary residential care (e.g. to relieve the family)										
	(a) To N.H.S. hospitals	—	—	—	—	—	—	—	—	1	1
	(b) To L.A. residential accommodation	—	—	—	—	—	—	—	—	—	—
	(c) Elsewhere	—	—	—	—	—	—	—	—	—	—
										7	11

Number of patients referred to Local Health Authority during year ended 31st December, 1963

Waiting List of Sub-normal and Severely Sub-normal patients as at 31st December, 1963

	URGENT				NON-URGENT				Total	
	Under 16 years		16 years and over		Under 16 years		16 years and over			
	M	F	M	F	M	F	M	F		
Severely Sub-normal:										
(a) "Cot and Chair"	—	—	—	1	1	—	—	—	2	
(b) "Ambulant"	2	1	2	3	—	2	—	3	13	
Sub-normal	—	—	1	—	—	—	3	—	4	
Total	2	1	3	4	1	2	3	3	19	

PART V

THE HANDICAPPED

No great improvements in the lot of mankind are possible, until a great change takes place in the fundamental constitution of their modes of thought.

Autobiography, ch. 7.

John Stuart Mill, 1806-1873.

Each year in reporting on the handicapped emphasis has been placed upon the need to implement in a practical manner recent changes in "the fundamental constitution of the modes of thought" relating to this unfortunate section of society. There is no doubt that many of the blind, the deaf and the physically disabled would experience a great improvement in their lot if they were to be provided with assistance in maintaining a place for themselves in the working community.

For a number of years past, Barnsley Corporation and their officers have been very conscious of the need to provide such assistance and have expended a not inconsiderable effort towards that end. Since 1954 discussions have taken place with the Ministries of Health and Labour with a view to providing a Sheltered Workshop scheme. This would ensure that the handicapped have a part in modern industry, rather than practising traditional handicrafts. Thus they would receive real wages rather than be in receipt of payment for articles sold at a price which might well be inflated from charitable motives.

The end of 1963 saw the realisation of all these thoughts and efforts when at last, building operations were commenced at the Broadway site on the sheltered workshop. This is, of course, only a beginning but it nevertheless represents the first concrete step towards the new approach to the problems of a large proportion of handicapped.

Apart from this project, a great deal is being done in the meantime to encourage pastime activities by making use of the facilities and accommodation already available at the Social Centre in Westgate. This performs a valuable service in that it is possible to demonstrate to handicapped people that they are capable of undertaking work of commercial value. This is most important as it is necessary in many cases not only to rehabilitate the handicapped person physically but to assist him in reorientation of his psychological outlook as well. There is no doubt that the present Handicrafts and Social Centre is serving a useful purpose in this direction.

In the pages which follow will be found descriptions of the various services which are offered to the handicapped and reports on their working during the year. Something will be found regarding the problems which have been encountered and the ways in which attempts have been made to solve them.

During 1963 the staff continued to work for the handicapped with the same quiet and unassuming interest and zeal they have shown in the past. Again it must be borne in mind that however the various categories of handicapped people may deserve sympathy, they are not always and in every way the easiest people to get along with. This should never be forgotten and the fullest appreciation should therefore be accorded to those unselfish individuals who spend their lives working amongst the disabled.

WORKSHOPS FOR SEVERELY DISABLED PERSONS

Following upon last year's report, a separate Section of the Annual Report is now provided to report on the Workshops for Severely Disabled persons. During the year, very little change took place in the present provision of Workshop accommodation and the premises used continue to be inadequate and will be far better when transferred to the new Sheltered Workshop premises now being provided.

During the year, one round machine knitter and one flat machine knitter, left the Workshops and both these workers were sponsored by the West Riding County Council.

Administration

The Medical Officer of Health is the Superintendent of the Welfare Services for the handicapped and the day to day administration of the Workshops for the Severely Disabled is part of the services administered by the Handicapped Services Department which is in charge of the Senior Welfare Officer. A female Section Supervisor is employed to superintend the Knitting Department of the Blind Workshop and also to deal with the clerical and accounting work necessary for the remaining part of the Workshops. It was originally decided to appoint an Assistant Section Supervisor to deal with the additional flat knitting machine operator who was admitted to the Workshops on the 7th January, 1963. This West Riding workshop employee, however, terminated her employment in the Workshops on the 13th July, 1963, and it was therefore decided not to proceed with the appointment of an additional Supervisor.

Knitting Department

The present number of employees in the Knitting Department comprises four round machine knitters. During the year, in addition to the flat machine knitter who terminated her employment, a round machine knitter also resigned in April, 1963. Both these workers were sponsored by the West Riding County Council. The female trainee in round machine knitting who is at present under training at the Yorkshire School for the Blind, York, was scheduled to be admitted to the Workshops in December, 1963, but it was decided by the Ministry of Labour to extend her period of training by a further three months in order to ascertain whether she would reach the qualifying entry rate standard.

The Knitting Department produces knitted hosiery including socks, stockings and football stockings. These products are now well known to the public of Barnsley and district. Regular contract work

from the Corporation's Fire and Ambulance Department is received and it is noteworthy that the Council has now decided that from the 1st April, 1964, products made in the Blind Workshops shall be purchased by Corporation Departments.

Flat machine knitted goods have been purchased from other Blind Workshops and placed in the Sales Shop for sale to members of the public. Following the departure of the flat machine knitter, one of the flat knitting machines has been sold to the Henshaws Blind Workshops, Manchester, and the other flat knitting machine and overlocking machine, have been transferred to the Handicraft Centre, Westgate. During the year, inspection lamps were purchased to assist those blind knitters, with some residual vision, in their work.

One of the female round machine knitters is also trained in chair caning and when such work is available, she is employed on this type of work. Details of the sales of the Knitting Department are given under the combined sales statement which is at the end of this section of the report.

Basket Department

One male blind basket maker continued in employment during 1963 and excellent quality goods have been manufactured and disposed of at wholesale prices to retail shops. In addition, many orders have been executed for members of the public who have seen the basket work on display in the Corporation's Sales Shop. Regular contract work with local hospitals in the manufacture and repair of laundry hampers has continued and it is gratifying that a steady flow of work from local retail shops, particularly for fishing baskets has contributed in keeping the basket maker fully employed during the year. The earnings of the basket maker are augmented by an Incentive Bonus Scheme. The bonus scheme was amended so that the bonus is paid at 100% for earnings up to the qualifying rate plus 10% and thereafter at 50%. The fact that Incentive bonus payments are in operation in the Basket Department has helped to ensure that the productive capacity of the blind worker is maintained to the full by the employee in his own financial interests and far more important from the administrative point of view, has reduced the need for close sighted supervision of his work. No further equipment has been purchased for use in this Section.

Radio and T.V. Department

One male sighted disabled person is employed under Sheltered Workshop conditions as a Radio and T.V. repairer following an intensive training course at the Portland Training College, Mansfield. This employee was maintained in full employment during the year and a steady flow of work was ensured, particularly as a nucleus of work is provided for him by the Barnsley and District Joint Blind Welfare Committee, who have authorised all repairs to radio sets on loan to the blind, to be repaired in the Corporation's Radio and T.V. Workshops. This employee is remunerated in the same way as the blind workers, in accordance with the rate for Group IV for manual workers employed by Local Authorities. During the year 1962, the Corporation agreed to inaugurate an Incentive Bonus Scheme for this

employee, whereby a bonus equivalent to 50% of all earnings over and above the average earnings, would be made to him as bonus. During 1963, it was decided that a 10% additional bonus would be made to his earnings in the calculation of his earnings and this 10% would be allowed for technical clerical work which he has to perform.

During the year, the present accommodation utilised by this employee was extended to provide further bench room as it was strongly felt that an additional worker in this section would be of tremendous help in dealing with the large number of orders received for repairs to radio and television sets. It is expected that an additional Radio and T.V. repairer will be admitted to this Department in early 1964.

Sale and Distribution of Goods

The Sales Shop has been open six days per week and the Shop Assistant is now appointed in a full-time capacity. The full-time opening of the shop was particularly successful in the shopping season prior to Christmas and sales were extremely good. The Sales Shop provides for the display and sale of all goods produced in the Workshops together with the pastime handicraft articles produced by blind and handicapped persons. During the year, it was still necessary for sales to be continued at 39 Pitt Street. As far as possible however, members of the public are directed to purchase goods from the Sales Shop. Details of the total sales for 1963 in respect of both workshop goods and all other handicraft articles are given below.

	Credit	Cash
Barnsley Woollen goods	£105 0 0d.	£880 7 2d.
Goods from Other Workshops	£28 10 8d.	£83 1 4d.
Barnsley Baskets	£255 18 0d.	£269 6 5d.
Chairs	£8 5 5d.	£18 15 6d.
Radio and T.V. repairs	£326 15 7d.	£256 12 1d.
Soap	—	£86 7 6d.
Disabled Handicrafts	£89 14 1d.	£801 11 8d.
Coat Hangers	£1,407 10 5d.	—
Blind Handicrafts	£1 6 0d.	£53 4 4d.
Sundries	£4 10 3d.	£37 4 6d.
	<hr/> £2,227 10 5d.	<hr/> £2,486 10 6d.

A printed leaflet detailing all goods and articles available for sale to the public is distributed through the Department, Westgate Centre and sales shop. A short report on the Workshops is given below by the Section Supervisor.

"The Blind Knitting Department employs four female workers engaged on round knitting machines making socks, stockings, children's turnover tops and football stockings. One of these workers is detailed to carry out any chair caning that becomes available.

"Two workers have left the workshop during the year owing to their leaving the district. One round machine knitter left on the 11th April, 1963 and the other was the flat machine knitter who left on

the 13th July, 1963. The 10 gauge flat knitting machine has been sold to Henshaws Workshops for the Blind, Manchester, and the 7 gauge machine and the overlocking machine have been transferred to the Westgate Centre.

"The amount of work in the Workshop has now eased and an Assistant Supervisor is no longer required.

"One male worker is employed in the Basket Department and produces a variety of baskets of all kinds. He also carried out any repair jobs on baskets brought in from local hospitals and firms."

Future Developments

The Corporation's plans for Sheltered Workshop premises for all categories of the handicapped were proceeded with during the year when a start was made on the building. It is hoped that during 1964, these premises will be ready for the Sheltered Workshops to become fully operational and for the present inadequate premises utilised as Workshops to be vacated and the employees transferred to the Broadway Workshops.

WELFARE OF THE BLIND

The Barnsley Corporation provides blind welfare services for the County Borough Area and in addition, under agency arrangements with the County Council of the West Riding of Yorkshire, provides these services for the surrounding districts within an approximate radius of seven miles from the centre of the town. The Medical Officer of Health is the Superintendent of the Welfare Services for the Handicapped and the day to day administration of the Blind Welfare Service forms part of the services administered by the Handicapped Services Department which is in the charge of the Senior Welfare Officer. Four Home Teachers of the Blind (two of whom are registered blind persons) are also appointed for the purpose of visiting blind persons in their homes, teaching braille and moon, organising social activities and encouraging pastime handicraft work, attending to the additional grants payable by the National Assistance Board to blind persons and generally assisting blind persons in every way possible. Each Home Teacher is allocated his or her particular district and each Officer's case load of blind and partially sighted persons is made as equal as possible.

Blind Population

The number of registered blind persons under the care of the Department as at the end of 1963 is reproduced as follows from the Form B.D.9 (Annual Return to the Ministry of Health):—

		Barnsley Area			West Riding Area		
		Males	Females	Total	Males	Females	Total
Under 5	....	1	—	1	1	—	1
5—15	....	3	1	4	1	3	4
16—20	....	—	2	2	1	1	2
21—49	....	14	10	24	13	13	26
50—64	....	16	15	31	22	25	47
65 and over	43	60	103	58	119	177	
	—	—	—	—	—	—	—
	77	88	165	96	161	257	
	—	—	—	—	—	—	—

In the Barnsley area, 15 new cases were registered as blind and 4 cases removed into the area. 13 deaths occurred, thus making an increase of 6 for the year.

In the West Riding area, subject to supervision by agency arrangements, 34 new cases were registered as blind and 5 persons removed into the area. 28 deaths occurred among those previously registered blind. There were 11 removals out of the area and 4 persons were decertified. The number on the register therefore shows a net decrease of 4.

Prevention and Incidence of Blindness

During the year, no children under ten years of age were registered as blind either in the Barnsley area or in the West Riding area. In the West Riding area, one female aged 12 was registered as blind and transferred from the partially sighted register. It is relevant to note that out of a total of 36 new cases registered in the West Riding area, no less than 27 were over the age of 65 years. In the Barnsley area out of a total of 15 new cases, no less than 11 were over the age of 65 years.

Attention is drawn to the fact that 4 blind persons were decertified as a result of successful surgical operations.

Close co-operation is maintained with the Ophthalmic Department of Beckett Hospital, Barnsley, especially with regard to the follow-up of patients undergoing treatment and recommended for treatment or surgical operations. The Home Teachers of the Blind establish a link between the blind persons concerned and the hospital authorities and systematically follow-up all the cases admitted to the blind register or the register of partially sighted persons, where hospital treatment is recommended on Form B.D. 8 by the Ophthalmic Surgeon.

Arrangements are made for such persons who are 'not blind' within the definition of blindness laid down in the National Assistance Act, 1948, but who are nevertheless substantially and permanently handicapped by conventionally defective vision of a substantially and permanently handicapping character, to be included in a special register under the classification of "Register of Partially Sighted Persons". Such persons are provided with the same welfare services as those available for blind persons. Classification in age groups of the partially sighted persons is given below as reproduced from the Form B.D.9(a) which is the Annual Report submitted to the Ministry of Health.

	Barnsley Area			West Riding Area		
	Males	Females	Total	Males	Females	Total
Under 5	....	1	—	1	—	1
5-15	....	5	3	8	3	5
16-20	....	1	2	3	1	2
21-49	....	6	4	10	2	3
50-64	....	4	5	9	3	2
65 and over	13	27	40	22	29	51
	—	—	—	—	—	—
	30	41	71	32	40	72
	—	—	—	—	—	—

Cause of Blindness—Newly Registered Blind Persons

	Barnsley	West Riding
Congenital	—	1
Myopic Error	—	—
Cataract	4	9
Detachment of Retina	—	2
Infectious Diseases	—	—
Glaucoma	5	7
Retrorenal Fibroplasia	—	—
General Diseases	6	15
	—	—
	15	34
	—	—

Follow-up of Registered Blind and Partially Sighted Persons Barnsley Area

	Cataract	Glaucoma	Retrorenal Fibroplasia	Others	Total
Number of new cases registered which Sec. F (i) of Form B.D.8 recommends :					
(a) No treatment	1	1	—	9	11
(b) Surgical, medical or optical treatment	10	6	—	4	20
Number of cases (i)(b) which on follow-up action have received treatment	4	5	—	3	12
Note:					
Refusals	—	—	—	—	—
Waiting	6	1	—	1	8

West Riding County Council

	Cataract	Glaucoma	Retrorenal Fibroplasia	Others	Total
Number of new cases registered which Sec. F (i) of Form B.D.8 recommends :					
(a) No treatment	4	2	—	19	25
(b) Surgical, medical or optical treatment	17	10	—	11	38
Number of cases (i)(b) which on follow-up action have received treatment	8	10	—	9	27
Note:					
Refusals	—	—	—	—	—
Waiting	9	—	—	2	11

Ophthalmia Neonatorum

No case of Ophthalmia Neonatorum was notified in 1964.

Classification of the Blind

	Barnsley M.	Barnsley F.	West Riding M.	West Riding F.
Unemployable	46	55	63	120
Unemployed but employable	8	—	5	3
Employed as wage earners	5	6	6	—
Not available for employment, house- hold duties, etc.	4	17	12	25
Trained but unemployed	1	—	—	—
In training	—	2	—	—
At school	1	1	1	—
Not at school	1	—	1	3
In Blind Homes, Hospitals and Part III accommodation	11	7	8	10
	—	—	—	—
	77	88	96	161
	—	—	—	—

Training and Rehabilitation

During the year, a West Riding blind person was recommended to the Ministry of Labour for a telephone operators course at the Training College administered by the Royal National Institute for the Blind in London. He commenced his training on the 7th February, 1963, and on termination of his training suitable employment was found for him by his former employers, the National Coal Board, at a local colliery as a telephone switchboard operator. In order to continue his lessons in typewriting, special arrangements were made with the Barnsley College of Technology for this blind person to receive individual tuition at his own home.

During the year, a West Riding female blind person was recommended to the Ministry of Labour for a course of Rehabilitation at the Queen Elizabeth Home of Recovery, Torquay, and she was admitted to the Course on the 27th June, 1963. On the termination of her training course, she was recommended by the Centre as suitable for sheltered workshop employment.

A Barnsley partially sighted man in Category A of the Register, was also recommended to the Ministry of Labour as a suitable person to attend the Torquay Rehabilitation Centre, in view of the fact that his vision had deteriorated to such an extent that he was finding increasing difficulty in carrying on his normal employment as a Clerk in the offices of a local colliery. He was admitted to the Royal National Institute for the Blind Centre at Torquay on the 16th January, 1964.

A West Riding female blind person was admitted during the year, to the Occupational Department of the Royal School for the Blind, Leatherhead. This establishment is for young blind persons who require residential accommodation and full-time occupation of a diversionary character. It is regarded as Part III Accommodation.

It was expected during the year, that a young Barnsley female blind person under training at the York Workshops for the Blind, would have terminated her training and been admitted to the Corporation Workshops. It has however been found necessary by the

Ministry of Labour to extend her training until 1964 in order that she can be given further time to reach the qualifying standards required for admission to the Blind Workshops.

Placement of Blind Persons in Open Industry

As from the 1st October, 1963, the Ministry of Labour assumed full responsibility throughout the country for placement work for blind persons. The placement work previously carried out by many local authorities ceased, and a Blind Persons Resettlement Officer was appointed throughout the regions of the country to take over the responsibility of seeking employment for those blind persons who require employment whether in open or sheltered industry.

On form B.D.9 in respect of the County Borough Area, it was notified that there were nine males and two females who were unemployed or undergoing training and who required employment. In the West Riding area covered by agency arrangements with the West Riding County Council, it was notified that there were five males and three females unemployed and in need of and available for work. The attendance of some blind persons at the Handicapped Persons Centre, Westgate, in the making of wire coat hangers under contract arrangement, continued during the year as it was felt that this pastime employment kept these handicapped persons fully occupied until they can be considered for admission to the new Sheltered Workshops. This pastime work also enables these blind persons to earn a small amount each week without affecting their statutory allowances from the Ministry of Labour.

Out Workers Scheme

No blind persons are employed under the Home Workers Scheme in the Barnsley Borough area although facilities are made available to two male West Riding blind persons in the West Riding area, to follow occupations such as piano tuning and newspaper selling. Facilities have been made available to a retired basket maker to continue in this trade as and when it is required.

Types of Employment of Blind Persons

		Barnsley Males	Barnsley Females	West Riding Males	West Riding Females
Basket maker ....	....	1	—	—	—
Home Teachers ....	....	2	—	—	—
Machine knitters ....	....	—	4	—	—
Masseur ....	....	1	—	—	—
Labourer ....	....	—	—	1	—
Piano tuner ....	....	—	—	1	—
Telephone operator ....	....	—	—	1	—
Mat maker ....	....	—	—	1	—
Brush maker ....	....	—	—	1	—
Others employed ....	....	1	1	1	—
		—	—	—	—
		5	5	6	—
		—	—	—	—

Home Teaching Service

During the year, Miss Mitchell and Miss White together with the Senior Welfare Officer attended a Week-end School held at Scarborough from the 10th to 13th May. The theme of the Week-end School was the Integration of the Visually Handicapped into the Community.

During the year, Student Home Teachers were attached to the Department by the North Regional Association for the Blind. Two Students attended in the latter half of 1963.

Four Home Teachers, two female sighted and two male registered blind persons, are employed for the purpose of visiting blind persons in their own homes, to discover and ascertain the needs of new cases, teaching braille and moon, organising social activities and other activities, arranging and teaching pastime handicrafts and providing general welfare services for the blind. Similar welfare services are provided for partially sighted persons and as many partially sighted persons are subsequently certified blind, the Home Teacher is already well aware of the needs of these people. The registration of a person as blind within the meaning of the Act, involves additional financial assistance from the National Assistance Board. This immediate financial benefit does not, of course, apply to persons who are classified as 'partially sighted'. In many cases the needs of some partially sighted persons on the register, are equally as great as many blind persons. This particular problem has been referred to the Barnsley and District Joint Blind Welfare Committee for consideration as to how partially sighted persons in Barnsley and District can be helped through voluntary sources. This Committee has now amended its Constitution to allow partially sighted persons coming within Category A of the register, to participate in similar benefits as for the blind as from the 1st April, 1963. The Barnsley and District Joint Blind Welfare Committee provide benefits annually for registered blind persons including Annual Outings, Sports Days, Christmas Re-unions, Bulb Growing Competition.

During the year, a total of 2,339 visits were made to individual homes in Barnsley and 3,796 visits in the West Riding area. Details with regard to the number of visits paid by each Home Teacher is given below.

	Barnsley	West Riding
Miss E. I. Mitchell	275	792
Miss E. White	580	1,091
Mr. J. Moore	567	1,061
Mr. H. V. Davis	917	852

In view of the fact that the great majority of registered blind persons are over the age of 65 years and many of these blind persons are living alone, the value of domiciliary visits paid by Home Teachers, in such cases, cannot be over estimated.

Social Activities

Social Centres for the blind are provided in Barnsley, Wombwell, Hoyland and Thurnscoe, where blind persons meet regularly for conversation, music, games and pastime occupations. Sessions are

held twice weekly at Barnsley and weekly at Wombwell, Hoyland and Thurnscoe. The game of dominoes is very popular and each centre has a domino team which competes at the Annual Domino Tournament held in October of each year in Barnsley. In 1963, the Grocock Trophy for straight dominoes was won by the Wombwell and Thurnscoe Centres, and the Chappell Trophy for Five's and Three's was won by the Hoyland Centre. The Domino Competition for the Alec Forbes Domino Trophy was held on a home and away basis through 1963 by the domino teams from each centre. The shield was won for 1963, by the Hoyland Centre. In addition, an individual knock-out competition was held for which substantial money prizes were generously provided by the Barnsley and District Joint Blind Welfare Committee. A total of ten guineas in cash was presented to the winners of this Competition. The Competition for 1963 was divided into two categories to allow two separate competitions for those who are totally blind and play by touch and those who are partially blind and play by sight.

In the County Borough area, bus passes are provided from the Yorkshire Traction Company at an agreed reduced rate and issued free of charge to each registered blind person in the Barnsley County Borough area who desires to make use of this facility.

Outings to places of interest, sports and excursions to the seaside from the centres, form the main part of the blind persons social activities. The Annual Blind Sports Day was held again at Wortley Hall, nr. Sheffield, on the 10th July and poor weather marred the occasion, but the blind thoroughly enjoyed the various indoor games organised for their benefit. During the winter months, organised parties of blind persons attended concerts, plays and other entertainments and at Christmas time, members of each centre hold their own party and finally come together for a big party which is held at the Arcadian Restaurant, Barnsley.

The Hoyland and Thurnscoe social centres combined to have an outing to Scarborough and this was held on the 25th June, 1963. The Wombwell Centre held their annual outing on the 13th August also to Scarborough. On the 6th August, a combined centres outing was held to Temple Newsome and this outing was thoroughly enjoyed.

The interest shown by the Tape Recording Section of the Y.M.C.A. in the blind who attend the Barnsley Blind Centre, must be recorded and during the year, tape recording sessions and musical evenings were provided by this Section and were very much appreciated by the blind.

The Barnsley and District Joint Blind Welfare Committee provided an Annual Outing for blind and partially sighted children when they went to Bridlington. On this occasion certain married blind persons who could not participate in the ordinary outing, were allowed to take their children at an agreed cost. The Annual Outings provided by the Joint Blind Welfare Committee for the adult blind, were held at Bridlington on the 4th July and a short outing to Knaresborough was held on the 11th July.

All blind persons are encouraged to take an annual holiday each year away from home, and for this purpose a grant of 30s. is made by the Barnsley and District Joint Blind Welfare Committee to every

blind person who takes a bona fide holiday away from home. The full maintenance cost of blind persons who are recommended by their Doctor for convalescence at holiday homes for the blind, is met by this Committee. The Organised Holiday Scheme for all handicapped persons including the blind, catered for handicapped persons at the Solarium Hotel, Blackpool from the 1st to 29th June and 14th to 28th September. A total of 70 blind persons and 49 guides went for a week's holiday to this Hotel during 1963.

Blind Re-unions are held near to Christmas when a grant of 10s. was made to each blind person, in addition to an excellent meal and a suitable concert party provided entertainment later in the evening. Blind persons who are unable to attend the re-unions owing to infirmity or illness, were given a grant of 22s. 6d. The Re-unions were held at the Arcadian Restaurant, Barnsley, in December and at Wortley Hall, near Sheffield, for the outer areas. The Joint Blind Welfare Committee made a grant of £5 in cash or £4 in cash and three bags of coal to all housebound blind persons who had been unable to attend any of the activities organised by that Committee during 1963.

Following upon the implementation by the Joint Blind Welfare Committee of their policy to treat partially sighted persons in Category A in the same way as blind persons, it was decided that the full cost of £1 for the wireless licence be paid by that Committee for such partially sighted persons.

The disc talking book machines are gradually being replaced by tape talking book machines and further tape machines have been received during 1963. At the end of the year there were four disc machines and 22 tape machines allocated to blind persons in the care of the Department. The Joint Blind Welfare Committee pay the annual rental of £2 in respect of each machine.

Blind and partially sighted children were again invited to the comprehensive handicapped children's party which was held during 1963 on the 23rd December in the Town Hall. This function was thoroughly enjoyed and to an even greater degree than previously, the various classes of handicapped children integrated.

On the 9th October, 1963, some blind persons participated in a combined outing with the physically handicapped to the Mansfield Handicapped Persons Centre. This outing was thoroughly enjoyed by all handicapped persons who participated.

Bulb Growing Competition

The Barnsley and District Joint Blind Welfare Committee issue hyacinth bulbs planted in small plants, free of charge, to any registered blind person who wishes to enter the Competition and the distribution of bulbs is made during October and November prior to the finals of the Competition which are held in March each year. The cash prizes which are granted to each section of the Competition together with an additional prize for the best bulb in the show are generously provided by the Barnsley and District Joint Blind Welfare Committee together with the cost of a buffet tea for all who attend.

Handicraft Classes

In January, 1963, the Blind Handicraft Centre was transferred from the bungalow at the rear of 39 Pitt Street to the premises at the Deaf Institute, Kingstone. These premises afford a greater degree of comfort to the blind persons who regularly attend the Handicraft Classes and these classes continue to flourish. Blind persons attending are taught pastime handicrafts such as basket making, chair caning, rug making, hand knitting, and lampshade making. The issue of handicraft materials is mainly for training purposes, but in some instances, satisfactory results are obtained and a charge is made for the materials used. Many repairs are also carried out to broken basket handles and this aspect of the service for the public is increasing.

Good quality articles are also made at this centre and subsequently placed in the Department's Sales Shop for sale to the general public. The fact that blind persons have a proper venue for the disposal of their finished goods, has proved to be a tremendous fillip to the handicraft class and has stimulated interest and increased output.

Braille Classes and Reading Material

For those blind persons who become proficient in braille reading, there are many weekly and monthly periodicals available and membership by the blind person of the Northern Library for the Blind, Manchester, provides facilities for access to a wide range of books and literature of all types. For blind persons who are able to write braille, braille writing frames are loaned to them as part of a service financed by the voluntary Committee for the blind.

The Deaf-Blind

The number of blind persons in the area who are also deaf is comparatively small. In the County Borough area there are 12 blind persons who are also hard of hearing and one person who is deaf with speech. In the West Riding area, there are 30 blind persons who are also hard of hearing and one blind person who is deaf with speech. The Home Teachers of the Blind are trained to use the manual alphabet in the case of the totally deaf persons.

Special arrangements are made to accompany deaf-blind persons who take holidays at the various homes provided on a national basis. The Joint Blind Welfare Committee normally pay the full maintenance and travelling expenses for deaf-blind persons who apply for such assistance.

Social Rehabilitation

No cases were admitted to the Social Rehabilitation Centre at Oldbury Grange, Bridgnorth, during 1963.

Guide Dogs for the Blind

No blind persons from the Barnsley or West Riding areas attended any of the Centres provided by the Guide Dogs for the Blind Association for courses of training and provision of a guide dog. At the end of 1963, one Barnsley blind male person continued to be provided with a guide dog and it considerably assists in his mobility.

Marketing and Sales of Blind Handicraft Goods

Handicraft articles made by blind persons at the Corporation's Handicraft Centre and in their own homes, continue to be placed on sale to the general public in the Corporation's Sales Shop in Kendray Street, Barnsley. Nimbus soap from the Northamptonshire Blind Workshops is also on sale in the shop, and sales have been excellent.

In December, 1963, a two-day Sale of Work was held which included blind handicraft articles. The Sale of Work was so successful, that it is already proposed to hold further sales of work during 1964.

A full report regarding the trading position is contained in that Section of the report dealing with the Workshops for the Severely Handicapped.

WELFARE OF THE DEAF

The Corporation's Scheme for the welfare of the deaf continued to be implemented during the year under review. The Corporation provide welfare services for the County Borough area and in addition, under agency arrangements with the County Council of the West Riding of Yorkshire, provide these services for the surrounding districts within an approximate radius of seven miles from the centre of the town. The day to day administration of the deaf welfare services forms part of the services administered by the Handicapped Services Department which is in the charge of the Senior Welfare Officer. A male Welfare Officer for the Deaf and Dumb is employed to deal with the needs of the deaf and also with hard of hearing persons in the area under the control of the Department and in addition, a female Welfare Assistant for the Deaf and Dumb is employed on a full-time basis.

The Welfare Officers for the Deaf are appointed for the purpose of assisting deaf persons in all aspects of their welfare, to provide interpretation and means of communications with deaf persons requiring these services on all possible occasions, to promote and assist social and sports activities among the deaf and to visit deaf and hard of hearing persons in their own homes.

The registration of deaf persons with and without speech in the area covered by the Department, is now fully completed, but the ascertainment and registration of further hard of hearing persons continues. During the year, it was necessary for the Hard of Hearing Register to be sub-divided as between those hard of hearing persons requiring a full welfare and domiciliary visiting service and those hard of hearing persons who merely require to avail themselves of the hearing aid repair service.

Registration of the Deaf

The Ministry of Health in their circular 25/61 dated the 14th September, 1961, informed local authorities, that the Registers for the Deaf and hard of hearing were to be re-classified into the following three categories :—

- (a) Deaf without speech
- (b) Deaf with speech
- (c) Hard of hearing

As a result of the instructions contained in the Ministry circular, the Corporation implemented the terms thereof and revised the official registers held in the Department accordingly. During the year, the increasing numbers of persons registered as hard of hearing who required only a nominal service such as repairs to hearing aids, was considered by the Committee in all its aspects and it was decided that the hard of hearing register be divided into an A and B. register.

It is gratifying to report that deaf persons of all categories now regularly visit the Handicapped Services Department to bring hearing aids for repair and to discuss problems with the Welfare Officers for the Deaf, in exactly the same way as other handicapped persons visit the Department and in this way, all handicapped persons meet on common ground whatever their disability. It is without doubt the hearing aid repair service which has attracted a great number of hard of hearing persons to the Department in order to obtain speedy repairs to their hearing aids. Full details regarding the numbers on the registers at the end of 1963, in the three categories are given below.

Deaf without Speech

	Degree of Deafness		Cause of Deafness	
	B.C.B.	W.R.C.C.	B.C.B.	W.R.C.C.
Total	32	45	Born Deaf	26
Severe	19	29	Deafness	41
Slight	—	—	acquired	25
	—	—		33
	51	74		—
	—	—		51
	—	—		74
	Degree of Speech		Degree of Speech	
	B.C.B.	W.R.C.C.	B.C.B.	W.R.C.C.
Normal	—	—	—	—
Indistinct but intelligible	....	....	29	42
Unintelligible .... .... ....	....	....	22	32
	—	—	—	—
	—	—	51	74
	—	—	—	—

Deaf with Speech

	Degree of Deafness		Cause of Deafness	
	B.C.B.	W.R.C.C.	B.C.B.	W.R.C.C.
Total	9	7	Born Deaf	2
Severe	11	12	Deafness	3
Slight	—	—	acquired	18
	—	—		16
	—	—		—
	20	19		20
	—	—		19
	Degree of Speech		Degree of Speech	
	B.C.B.	W.R.C.C.	B.C.B.	W.R.C.C.
Normal	—	—	18	18
Indistinct but intelligible	....	....	2	1
Unintelligible .... .... ....	....	....	—	—
	—	—	—	—
	—	—	20	19
	—	—	—	—

Hard of Hearing

	Degree of Deafness		Cause of Deafness	
	B.C.B.	W.R.C.C.	B.C.B.	W.R.C.C.
Total	—	—	Born Deaf	—
Severe	113	103	Deafness	2
Slight	4	3	acquired	117
	—	—		104
	117	106		—
	—	—		—
				117
				106
				—
	Degree of Speech		Degree of Speech	
	B.C.B.	W.R.C.C.	B.C.B.	W.R.C.C.
Normal	117	105	Normal	117
Indistinct but intelligible	—	1	Indistinct but intelligible	—
Unintelligible	—	—	Unintelligible	—
	—	—		—
	117	106		—
	—	—		—

Employment of the Deaf

The employment position among the deaf without speech during 1963, remained satisfactory and few deaf persons in the employable age groups are unemployed. Deaf persons of employable age are registered as disabled persons under the Disabled Persons Employment Act, 1944, and in liaison with the Disablement Resettlement Officer of the Ministry of Labour, are helped by the Welfare Officer for the Deaf to obtain employment. Deaf persons have the reputation of being excellent workers and contacts established by the Welfare Officers for the Deaf with employers and managers of firms always prove useful in the future placement of deaf persons. During the year, the following number of visits in connection with placement were made by the Welfare Officers for the Deaf in the Barnsley and West Riding areas and 11 deaf persons were successfully placed in employment during 1963.

	Barnsley Area		West Riding Area	
	Deaf	H.O.H.	Deaf	H.O.H.
Mr. T. James	5	—	18	—
Mrs. R. James	11	—	2	—
	—	—	—	—
	16	—	20	—
	—	—	—	—

Types of Employment of Deaf persons

Males

Skilled or Semi-Skilled		Unskilled	
Bricklayers	3	General labourer	7
Motor Body makers	2	Remploy labourers	2
Boot and Shoe repairers	5	Builders labourers	9
Upholsterer	1	Plasterers labourers	2
Painter	1	Chrome works labourers	2
Painters apprentice	1	Road sweeper	1
Plasterers	2	Colliery surface workers	4
Watchmaker	1	Glass works labourers	3
Joiners	2	Drivers mate	1
Joiners apprentice	1	Dustman	1
Bottle core-maker	1	Skin cleaner	1
Pipe layers	2	Brewery worker	1
Steel works core maker	1	Mill hand	1
Presser	1		
Boilerman	1		
Gardener	1		
Females			
Copy typist	1	Packers	2
Seamstress	1	School dinners	2
Machinists	6		
Quilt making	1		
Toy making	1		

Interviews, Domiciliary Visits and Interpretations

Statistics relating to the number of domiciliary, placement and interpretation visits made during the year are included on the monthly report submitted to the Handicapped Persons Sub-Committee each month.

Assistance is requested by deaf and hard of hearing persons in connection with many matters and interpretation is provided on occasions such as the following: at doctors surgeries, at clinics and hospitals, at shops and schools, solicitors offices, government and local authority departments. The statistics for 1963 in relation to the number of interviews, domiciliary visits and interpretations are as follows:—

		Barnsley		West Riding	
		Deaf	H.O.H.	Deaf	H.O.H.
Mr. James					
Domiciliary	.... ....	325	497	238	513
Interviews	.... ....	6	2	6	7
Interpretation	.... ....	61	2	34	7
Mrs. James					
Domiciliary	.... ....	299	362	239	275
Interviews	.... ....	14	3	14	2
Interpretation	.... ....	64	13	43	4

Social Activities

Social activities for the deaf are centred at the Deaf Institute, St. Augustine's Hall, Dyson Street, Kingstone, Barnsley, and social evenings are held for the Youth Club on Tuesday evenings and for

all deaf persons on Friday and Saturday evenings. Games of table tennis, billiards, snooker, whist drives, darts and cinema shows and other entertainments are held. The Annual Party for the deaf and hard of hearing children in Barnsley and district was provided by the Corporation in the Town Hall on the 23rd December, 1963, as part of the party for all handicapped children. Following tea to which parents of deaf and hard of hearing children were invited, toys were given to each child and afterwards party games were provided. The Annual Party for the adult deaf was held at St. Edward's Parish Hall, on the 18th January, 1964, and the function was thoroughly enjoyed. On the occasion of the Annual Party, it was necessary to obtain more ample accommodation at St. Edward's Parish Hall, as the Deaf Institute is not able to provide catering facilities and accommodation for all the deaf who attend the party.

Organised Holiday Scheme

The Organised Holiday Scheme for all handicapped persons including the deaf and hard of hearing, catered for parties at Blackpool during 1963, and the total number of deaf and hard of hearing persons who took part in the scheme was 36.

Identity Card for the Deaf

In the event of an emergency, such as a road accident, deaf persons are unable to communicate with ordinary members of the public and a need arises for the Welfare Officer for the Deaf to be contacted on such occasions. In order that these difficulties may be satisfactorily overcome, all deaf persons on the register of the Department have been provided with a printed identity card which states that he or she is a registered deaf person, and that in the case of accident or any other emergency, the Welfare Officer for the Deaf can be contacted by telephone and the telephone number is given. The provision of this identity card is regarded by deaf persons as a guarantee that their interests will be safeguarded by the Department.

Wednesday Afternoon Club

During the year, a Wednesday afternoon club has commenced for deaf persons only at the Deaf Institute. The female deaf who attend, enjoy this opportunity to meet for social intercourse on one afternoon per week.

Spiritual Welfare

The Welfare Officer for the Deaf conducts religious services for interested deaf persons on a non-denominational basis, each Sunday at the Deaf Institute and once monthly a Communion Service is provided by the Vicar of the Parish.

On the 29th September, 1963, the Annual Harvest Festival was held at the Institute and the service was well attended by many of the deaf community and hearing friends including members of the Barnsley Council. During the year, the Devotional Day for the deaf was held at Batley Carr Parish Church, near Dewsbury and many of the deaf from Barnsley and District attended this Service. On the 6th January, 1963, a special family service was held at St. Augustine's

Chapel and on the 12th May, the Bishop of Wakefield attended the Chapel to dedicate a figure of the Ascended Christ which had been commissioned by the deaf who attend the Chapel. On the 7th April, 1963, Palm Sunday was celebrated at St. Edward's Parish Church and the service was conducted by the Bishop of Wakefield. On the 16th June, 1963, a National Church Rally for the Deaf was held at Coventry Cathedral and a coach load of deaf persons from Barnsley attended.

It is normal for a Funeral Service to be held in the Deaf Chapel in respect of any deceased deaf person for whom this service is requested. Fortunately no funeral service of this kind was held during 1963.

Sports Activities

The deaf who regularly attend the Deaf Institute are members of the Yorkshire Deaf Amateur Sports Association and teams have played in snooker, billiards and darts competitions sponsored by the Association. In addition, members played in the Barnsley Indoor Games League at snooker, darts, whist, cribbage and dominoes, in the Barnsley Table Tennis League and in the Youth Service Five-a-side football competitions. They also attended group swimming sessions at the Barnsley Baths.

The deaf played cricket in the Barnsley Cricket League for the fourth successive season and a pitch was provided for them at Worsbrough. The Corporation provided the necessary sports equipment and fees for these activities, and also paid the rental for the pitch. The deaf cricket team were not very successful in their matches throughout the season but were presented by the Sheffield Telegraph and Star with a cricket bat for meritorious performances.

Hard of Hearing

The number of hard of hearing persons attending the Department to obtain hearing aid batteries has grown to such an extent that it was necessary during the year for all battery requests to be referred to the Official distribution centre at Beckett Hospital, Barnsley. During 1963, 381 hard of hearing persons were able to bring their hearing aids for repair to the Handicapped Services Department and aids were then transported to Sheffield and returned duly repaired by the Barnsley Ambulance Service. It has been possible to loan spare hearing aids to hard of hearing persons during the time when their own aids are away for repair. The co-operation of the Chief Fire and Ambulance Officer in making this excellent service possible for hard of hearing persons is much appreciated. The inconvenience and expense, particularly to elderly hard of hearing persons, who previously had to travel to Sheffield for repairs to their hearing aids or send them by post, has now been obviated to the intense satisfaction of hard of hearing persons. Batteries for Medresco hearing aids are obtainable at Beckett Hospital on Wednesdays and Saturdays. A further hearing aid repair centre is available at the West Riding Ambulance Depot at Hoyland, similar to the one in Barnsley. The extent of the repair to hearing aid service is revealed by the fact that since the inception of the scheme in September, 1958, 2,591 aids have been transported to Sheffield.

The Barnsley and District Hard of Hearing Fellowship continues to hold regular weekly meetings at the Junior Training Centre, Pitt Street, Barnsley. Social activities include beatle drives, musical evenings and whist drives, and the members of this Fellowship co-operate with the Department and enjoy their social activities. Special equipment in the way of a microphone and speaker together with additional speakers have been supplied and installed by the Corporation in the Junior Training Centre together with a cupboard for the storage of cutlery, crockery and games. The Grampian amplifier continues to give satisfactory service and amplification at the centre is quite satisfactory for all purposes.

The afternoon centre for the elderly hard of hearing who do not go out at night, was transferred to premises rented by the Barnsley and District Hard of Hearing Fellowship in Farrar Street. Attendances decreased and the Hard of Hearing Fellowship were unable to continue this particular service and the Afternoon Centre for elderly hard of hearing persons was closed by the Fellowship in September, 1963. Alternative accommodation was offered by the Corporation at the Deaf Institute, Kingstone, but the Fellowship declined to use these premises.

The Hoyland and District Hard of Hearing Fellowship continues to flourish and hold their weekly meetings in the Market Street School, Hoyland, each Friday evening. The number of hard of hearing persons in the Hoyland District who became members of the Fellowship steadily increased and this Organisation appears to be on a sound basis. During the year, the Fellowship had an outing to Morecambe and Castleton and these were thoroughly enjoyed by all the members. The Health Committee of the Corporation pay the rental of the premises used as a social centre. Once a month, the Welfare Officer for the Deaf attends this centre to replenish stocks of batteries for issue to those hard of hearing persons who require this service. The Annual Party for this Fellowship was held on the 11th January, 1964, at the Market Street School. The party was attended by the Chairman of the Hoyland Nether Urban District Council and the Chairman of the Barnsley Health Committee.

During the year, a visit was made by the Deaf from St. Augustine's to the Hoyland Hard of Hearing Fellowship for a domino match and a return visit was paid by the Hoyland Centre to the Deaf Institute later in the year. This exchange of visits by different categories of handicapped persons is extremely important in breaking down the isolationist attitude which exists among sections of the handicapped.

Both Fellowships during 1963 held a Harvest Festival for members and proceeds were devoted to the Funds of the respective Fellowships. Lip reading classes continue to be held at both the Barnsley and Hoyland Fellowship centres and great benefit is derived by the members who attend. During the year, additional crockery was supplied on loan to the Hoyland Fellowship.

During the year, the change from the Medresco hearing aid to the transistor type hearing aid proceeded steadily in accordance with

the priorities prescribed by the Ministry of Health and no difficulties have been experienced in this connection.

North Regional Association for the Deaf

The North Regional Association for the Deaf covers all the Northern Counties and County Boroughs and is responsible for the promotion of the welfare of the deaf, through the local authorities and voluntary missions for the deaf in the northern area. Two half-yearly meetings were held during the year and these meetings were extremely worthwhile and valuable as a point of contact with other persons in deaf welfare work.

For the first time, the North Regional Association for the Deaf held a meeting in the Town Hall, Barnsley, and this meeting was very well attended and the facilities provided by the Corporation much appreciated.

Barnsley and District Deaf Children's Association

This Association was formed from the parents of deaf and hard of hearing children, and continues to meet once per month at the Deaf Institute, Kingstone. It has been very difficult for this Association to maintain interest among the parents of deaf and hard of hearing children, as it will be appreciated that these children who attend special residential schools for deaf and partially deaf children are only at home during the school holidays. During the year, various activities were arranged for the children including a party for all deaf and hard of hearing children, which was held in January, 1963.

Birthday Card Service

A birthday card bearing the Borough Coat of Arms is sent to all registered handicapped persons whatever their disability, with the exception of hard of hearing persons.

Special Activities

For some years, a special cookery class for female deaf persons has been organised by the Corporation's Education Department under the further education service. These classes have been held at the Racecommon Road School on one evening per week. The classes have been very well attended and the fees are met by the Department. The female Welfare Assistant for the Deaf attends to interpret as occasions demand. This cookery class for the female deaf has now become established as a regular feature of the welfare services provided through the Department.

CARE OF THE PHYSICALLY HANDICAPPED

The services provided for the physically handicapped which include the mentally disordered and epileptic persons, form part of the services provided on a comprehensive basis by the Handicapped Services Department of the Corporation. The Medical Officer is superintendent of these services and the Senior Welfare Officer is in charge of the day to day administration.

During the year one male and two female Craft Instructors carried out and supervised handicraft activities at the Handicapped Persons Centre, Westgate. During the year Miss D. C. Francis

resigned her position as Craft Instructor and Mrs. P. McGaynor was appointed to that position as from the 1st October, 1963.

The Welfare Services for the physically handicapped are centred at the Westgate Centre which is a combined centre for both handicraft and social activities. The field work in connection with the provision of welfare services for the physically handicapped necessitated the creation of an additional post for a Welfare Assistant to assist in the field work for the physically handicapped and it is hoped that this vacancy will be filled in 1964.

The specially adapted bus hired from the Yorkshire Traction Company continued to be used on three days per week for the transporting of physically handicapped persons between their own homes and the Westgate Handicapped Persons Centre.

Registration

At the end of 1963, there were 352 registered physically handicapped persons as compared with 339 at the end of 1962. This shows an increase of 13 registrations. Applications from disabled persons residing in the County Borough area for placement on the Corporation's register, are dealt with by the Senior Welfare Officer who pays an initial visit and completes the necessary case record and provides assistance and guidance to disabled persons to overcome their disabilities. No application for registration as a physically handicapped person has been refused by the Department. The registration of persons suffering from respiratory tuberculosis is not affected until a satisfactory certificate has been provided by the Chest Physician regarding the patients condition.

The majority of all registered handicapped persons are housebound or otherwise incapable of work and require a full range of welfare services, particularly pastime handicraft work and social centre facilities. 213 persons fall into this particular category and in their case, it is essential that regular domiciliary visits are maintained. Many of these persons require assistance, with regard to National Assistance grants, clothing allowances, supply and maintenance of wheelchairs through the Ministry of Health, home nursing equipment, domestic help services, gadgets and structural adaptations and many other similar welfare services.

In the total number of handicapped persons on the register are 42 disabled children under the age of 16 years. Registration of these children has been effected as part of the scheme and information regarding them has been supplied primarily through the Handicapped Pupils Section of the School Health Service. The Department has a general responsibility under Section 29 of the National Assistance Act, 1948, for these children, but their needs are normally met through other enactments such as the Education Act, 1944, and the children not in special schools are under parental care and supervision.

In accordance with the Ministry of Health Circular 15/60, the Council's Scheme for the provision of welfare services given under Section 29 and 30 of the National Assistance Act, 1948, was amended to include mentally disordered persons of any description. Mentally disordered persons in increasing numbers enjoy the facilities available

at the Corporation's Handicraft and Social Centre provided for the use of physically handicapped persons.

The Ministry of Health in their circular 4/63 dated the 15th March, 1963, in connection with the welfare of partially sighted persons, communicated that many partially sighted persons who were registered under Category C of the Partially Sighted Register, could more appropriately be dealt with as part of the General Classes for the Physically Handicapped.

Unless field workers are available in adequate numbers to provide domiciliary supervision of this type of handicapped person, it is difficult for local authorities to absorb these additional numbers in the General Classes of the Physically Handicapped. Some of these partially sighted persons have, however, been recommended to attend the Westgate Centre and avail themselves of the wider range of handicraft and social facilities available at that centre.

The numbers of persons on the register in the various categories are as follows :—

	Medical Classifi- cation	Males	Females	Total
Amputation	A/E	34	8	42
Arthritis and Rheumatism	F	16	23	39
Congenital malformations and deformities	G	18	16	34
Diseases of the digestive and genito urinary system, of the heart or circulatory system, of the respiratory system (other than tuberculosis) and of the skin	H/L	23	6	29
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk, injuries or diseases (other than tuberculosis) of the upper and lower limbs and spine	Q/T	34	10	44
Organic nervous diseases, epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	V	76	56	132
Neurosis, psychoses and other nervous and mental disorders not included in V	U/W	13	9	22
Tuberculosis (respiratory)	X	2	1	3
Tuberculosis (non-respiratory)	Y	2	1	3
Diseases and injuries not specified above	Z	2	2	4
		220	132	352

Grouping of Persons on Register

Group	Males	Females	Total
Capable of work under ordinary industrial conditions	59	13	72
Incapable of work under ordinary industrial conditions and sufficiently mobile for work in sheltered workshops	17*	7	24
Incapable of work under ordinary conditions and insufficiently mobile for work in sheltered workshops but capable of work at home	—	1	1
Incapable of work or not available for work	118	95	213
Child under the age of 16 years whose needs are likely to be met under the enactments but for whom the local authority have a general responsibility under Section 29 of the National Assistance Act, 1948	26	16	42
	—	—	—
	220	132	352
	—	—	—

*7 employed at Remploy (including 1 deaf without speech mentally backward youth).

Social Activities

The Handicapped Persons Centre, Westgate, which was re-opened in March, 1962, catered for increasing numbers of physically handicapped persons during the year. The transfer of both social and handicraft activities from the overcrowded New Street Centre which was formerly used by the physically handicapped, was widely welcomed and the centre is open each day, Monday to Friday, from 10 a.m. to 9 p.m. for use by any handicapped person. Mondays and Fridays for social activities are specifically allocated to the epileptics and mentally disordered persons. Tuesdays, Wednesdays and Thursdays for social activities and with the provision of the specially adapted vehicle to transport handicapped persons, is specifically allocated to the remaining categories of physically handicapped persons. The centre is devoted to games and tournaments on Wednesday evenings and this interest in sporting activities by the handicapped, resulted late in 1962, in the formation of a new association to promote sports, games and recreational activities for the handicapped.

The Handicapped Persons Sports Association continued to flourish during the year and held a very successful tricycle rally for all members on the 10th August, 1963. Many motor tricycles took part and went on a course over the pennines, and prizes were given by the Association to the winning competitors.

During 1963, the specially adapted single deck bus on hire from the Yorkshire Traction Company, was utilised for the conveyance of physically handicapped persons from their homes to the centre. A specially constructed ramp which folds and slides underneath the chassis is available for the driver to wheel disabled persons in their chairs from their homes into the rear of the bus. At the end of 1963,

transport was provided for 50 handicapped persons on three days per week and this service is continuing to expand.

The need for male voluntary assistance is particularly necessary now at the Westgate Centre to assist the male physically handicapped persons in their toilet needs. It is also very helpful to have male assistance available for the bus driver during inclement weather to assist in wheeling disabled persons in their wheelchairs up the ramp of the specially adapted vehicle. Regular weekly social activities now include domino tournaments, whist drives, darts tournaments, etc., and light refreshments in the form of tea is provided free of charge for all who attend the centre and voluntary help is provided by ladies who have been approved for this purpose by the Committee.

During the year, it was necessary for an appeal to be made by the Handicapped Persons Sub-Committee to local voluntary organisations for voluntary workers to attend the Monday and Friday evening centres for the epileptics. Owing to the increasing number of epileptics who attend the centre, with a corresponding increase in the number of persons having fits, it was considered that an able-bodied person should be in attendance at all times. The Women's Voluntary Service Organisation, Barnsley, the Red Cross and the St. John's Ambulance Brigade have co-operated and members now attend the Westgate Centre on Monday and Friday evenings to render any assistance which may be necessary.

Additional special functions for both epileptics and disabled have included concerts, pea and pie suppers, etc. The Annual Outing for 1963 took place to Cleethorpes on the 26th June, 1963, when three coaches together with the specially adapted bus, transported 120 disabled persons including 25 wheelchair cases. On the 13th January, 1964, the Annual Party for the Adult Disabled and Epileptics was held at the Arcadian Restaurant and this function was thoroughly enjoyed. On the 27th January, 1963, the Barnsley and District Disabled Persons Association held their Annual Dinner for members at the Arcadian Restaurant and the Barnsley and District Epileptics Association held their Annual Dinner for members during December at the same venue. The Annual Children's Party, which included physically handicapped children, was held during 1963 at the Town Hall. Each handicapped child received a small toy from Father Christmas and party games were held after tea when minerals and crisps were also provided.

On the 4th June, 1963, the Barnsley and District Epileptics Association held their Annual Outing and members of this Association thoroughly enjoyed the outing. In October, 1963, a combined outing was arranged to the Mansfield Handicapped Persons Centre when many categories of the handicapped participated. This outing was particularly enjoyed as the handicapped were able to see the facilities of a modern up to date centre. During the year, visits were paid to the Westgate Centre by other groups of handicapped persons from neighbouring Clubs.

During 1963, the services of a female helper were obtained in preparing a cooked tea on four afternoons per week for those handicapped persons who remained for the evening social activities. The charge for the meal was 1s. 6d. which merely covered the basic cost of the food stuffs provided. This service was particularly enjoyed by those handicapped persons who would normally have brought sandwiches with them.

During the year, a new 23" television set was supplied for the enjoyment of handicapped persons who attend the centre and a small kiosk was opened in the centre to provide cigarettes, minerals, sweets, etc., and obviate the necessity for handicapped persons to go out of the centre to make these purchases.

Organised Holiday Scheme

The Organised Holiday Scheme for 1963 administered by the Handicapped Services Department again catered for all categories of the handicapped and included many of the physically handicapped who attend the Westgate Centre. Officers of the Department escorted parties to the Solarium Hotel, Blackpool and a charge of £6 per handicapped person is made by the Corporation. This charge includes board and lodgings and transport costs. Any balance of costs over £6 are met by the Corporation in respect of handicapped persons, guides and helpers. Details of the various holiday parties for 1963 are given below.

Solarium Hotel, Blackpool	1st to 8th June	26 handicapped persons and 1 staff
Solarium Hotel, Blackpool	8th to 15th June	37 handicapped persons and 1 staff
Solarium Hotel, Blackpool	15th to 22nd June	39 handicapped persons and 1 staff
Solarium Hotel, Blackpool	22nd to 29th June	38 handicapped persons and 1 staff
Solarium Hotel, Blackpool	14th to 21st September	38 handicapped persons and 1 staff
Solarium Hotel, Blackpool	21st to 18th September	37 handicapped persons and 1 staff

Transport for Physically Handicapped Persons

With the availability of more ample accommodation at the Westgate Centre, the numbers of physically handicapped persons requiring transport increased. The specially adapted vehicle which is hired from the Yorkshire Traction Company on contract arrangements, again operated during 1963, but on three days per week. It is a pleasure to record appreciation to the Yorkshire Traction Company and the drivers concerned for their unfailing courtesy and personal assistance to the handicapped persons who utilise this service.

During the year, the Barnsley and District Disabled Persons Association continued to use this specially adapted vehicle on the authority of the Corporation on Monday evenings for their Social Centre at the Welfare Hall, Smithies.

Handicrafts

The number of registered physically handicapped persons who desire to receive craft instruction totals 140 and of these 68 require home instruction and 72 were receiving instruction at the handicraft classes. The Craft Instructors were fully occupied during the year in providing domiciliary tuition to the numbers involved and in attending the daily handicraft classes at the Westgate Centre. Handicraft classes are held at the Westgate Centre on each afternoon Monday to Friday from 2 to 5 p.m for all categories of the handicapped, and attendances at the classes have increased during the year. The increase in the amount of work in this section can be gauged from the fact that the sum of £2,725 was spent during the year on the purchase of handicraft materials, equipment and tools.

The value of these classes in providing an outlet for the creative capacity of disabled persons cannot be over emphasised and the articles which are now made cover an enormous range. Disabled persons normally dispose of articles which are initially made at the handicraft classes, to near relatives or friends, but subsequently the finished goods are passed to the Department for sale through the Sales Shop.

The preparatory work necessary by the Craft Instructors in preparing handicraft classes and the clerical work necessary in the issue of stocks, taking payments for materials issued and the issuing of receipts, make the handicraft classes busy sessions for the Craft Instructors. The maintenance of records of receipts and issue of materials and the checking of receipt books is carried out by the Craft Instructors. The clerical work involved in the accounting of handicraft materials was simplified and so far has proved very successful. Personal account cards are now maintained in respect of each handicapped person who is supplied with handicraft materials and a record is maintained of subsequent payments by the handicapped person. A statement is issued to each person for whom a personal account card is maintained at the end of each quarter showing the amount of money owed by the handicapped person to the Corporation for the supply of handicraft materials.

During 1963, the contract with the South Yorkshire District Co-operative Laundry for the supply of 12 gauge wire coat hangers continued and an average of 50 gross per week were supplied to this firm. Jigs for the making of the coat hangers have been supplied by the Department for those male handicapped persons interested in carrying out this work and at the end of the year 7 handicapped persons including 5 blind, one epileptic and one partially sighted person, were engaged in this contract work. The amount paid per gross to each handicapped person was a welcome addition to their unemployment benefit and National Assistance supplementary payments and special arrangements were made with the Ministry of Labour and the National Assistance Board for the maximum amount to be disregarded in assessing their statutory allowances.

During the year, an electric sanding machine for the woodwork class was supplied and this has proved most useful in giving a professional finish to the wide variety of woodwork articles which are now made in the class.

A statistical report on the work of the Craft Instructors is given below.

No. of visits made during the year :

Miss Francis	....	....	....	....	....	....	....	305
Mr. McGraynor	....	....	....	....	....	....	....	577
Mrs. Senior	....	....	....	....	....	....	....	350
Mrs. McGraynor	....	....	....	....	....	....	....	82
No. of physically handicapped persons desirous of receiving craft instruction	....	....	....	....	....	....	....	140
No. of persons under home instruction	....	....	....	....	....	....	....	68
No. of persons under class instruction	....	....	....	....	....	....	....	72
Total payments made by disabled persons to Craft Instructors for materials	....	....	....	....	....	....	£857 3s. 6d.	

Birthday Card Service

The Health Committee's Scheme in relation to the issue of birthday greetings cards to each registered blind, partially sighted, physically handicapped and deaf person on the registers continued during the year. The birthday card is specially designed and bears the Borough Coat of Arms and for the benefit of braille readers, the words "Birthday Wishes" are embossed in braille at the bottom of the card. Many letters of appreciation have been received from handicapped persons following the receipt of a birthday card and emphasises the welfare value of this small tangible token and the fact that every registered handicapped person on the registers of the Department has not been forgotten.

Employment of the Disabled

The Scheme places a duty upon the Council to assist any handicapped person in consultation with the Ministry of Labour to secure suitable employment in open industry. Close collaboration is essential with the Disablement Resettlement Officer of the Ministry of Labour and it is found that many disabled persons have allowed their registration under the provisions of the Disabled Persons (Employment) Act, 1944, to lapse. The difficulties of placing a severely disabled person in employment in open industry are great and 24 disabled persons are now assessed as suitable only for sheltered workshop employment. In some of these cases, it is felt that the disabled person may have been unemployed for such a long time and his physical condition may have deteriorated that he could not even undertake sheltered employment even if it were available. Seven disabled persons are already in employment at the Remploy Factory and are catered for from the employment angle. The remaining disabled persons concerned urgently require workshop facilities which are proposed for the handicapped persons centre and these workshops will fill a desperate need.

A start was made at the end of 1963 on the building of the new sheltered workshops on the Broadway site and it is expected that these premises will be available and will become operational at the end of 1964.

Marketing of Goods

The increasing output of articles made at the Handicraft classes by physically handicapped persons, makes it an essential feature of the Corporation's Scheme that suitable marketing facilities be available for the disposal of handicraft goods. A small Sales Shop in an excellent position in the centre of the shopping area, continued to be open on a full-time basis during 1963. During 1963, the total amount of handicraft articles which were sold through the Sales Shop was £891 5s. 9d.

Issue of Car Badges

In accordance with Ministry of Health Circular 17/61, the Health Committee agreed to the Scheme for the provision of car badges for severely disabled persons who came within the priorities listed in the circular. During the year, 28 badges were issued to those disabled persons who applied for the provision of such a badge. It was decided by the Committee that the length of validity of the car badges issued should be increased from one year to three years.

Adaptations

Under Article 5/5 of the Scheme for the provision of Welfare services for physically handicapped persons, the Corporation may assist handicapped persons in arranging for the carrying out of any works of adaptations in their homes or the provision of an additional facility designed to secure the greater comfort or convenience of such persons and if the Council so determine, defray any expenses incurred in the carrying out of any such works or in the provision of such facilities. Works of adaptations for those persons in Municipal houses had previously been carried out by the Housing and Welfare Services Committee. During the year, the Health Committee gave authority for adaptations to be carried out as listed below.

Lowering of kerb to form 7-ft. wide access for tricycle.

Provision of two handrails on each wall of toilet and stirrup handgrip.

Provision of handrails at rear door of bungalow and handrail down front pathway.

Supplying and installing overhead chains and stirrup handgrips over toilet.

Elimination of three steps at front door and provision of suitable ramp to pavement.

Erecting wire fencing at each side of garage entrance and constructing 2-ft. strip on left hand side of garage.

Removing steps and providing level concrete drive for wheelchair.

Removing weatherboard at rear door and level out rear step for wheelchair.

Widening length of runway to make 6-ft. area. Laying concrete apron to shed front, cutting fence and fitting double gates. Access crossing over pavement.

Levelling site for erection of garage, fully paving runway to 6-ft. wide and cutting down front garden fence.

Removal of concrete step at rear door and provision of weatherboard and extension at back door.

Handrail at side of bath.

Widening of concrete path for invalid tricycle.

Provision of overhead stirrup chain with handgrips and two hooks in toilet and bathroom and removing existing steps and forming a concrete ram to doorway.

Re-siting of gateposts and re-hanging to allow garage doors to open. Provision and fixing of adjustable overhead stirrup chain in bathroom.

Voluntary Associations

A great deal of voluntary work for physically handicapped persons is provided through the voluntary associations which exist for particular categories of the handicapped. The Barnsley and District Disabled Persons Association caters for categories of handicapped persons residing in Barnsley and the surrounding West Riding County Council areas. This Association holds a social centre at the Welfare Hall, Smithies weekly on Monday evenings and the centre is well attended. The British Limbless Ex-Service Men's Association caters for the needs of limbless ex-service men of two world wars and does a great deal of voluntary work to assist this category of the disabled. The Barnsley Branch of the National Spastics Society has been organised to meet the needs of spastics in Barnsley and District. During the year, the Health Committee agreed to give this Branch of the National Spastics Society an ambulance which was surplus to the requirements of the Ambulance Service.

This Branch of the National Spastics Society continued their Day Nursery, in Rotherham Road, Smithies, during the year and provided staff to care for a few of the younger children suffering from cerebral palsy.

The Barnsley and District Epileptics Association is another voluntary body of recent origin which provides outings and assistance to epileptics in Barnsley and district. This Association amended its Constitution so as to include mentally disordered persons of any description and the benefits of membership of the association are now available to a vastly increased number of epileptic and mentally disordered persons. Membership of the association is not, however, as complete as the Association would wish as many handicapped persons eligible for membership are reluctant to join this Association.

The Handicapped Persons Sports Association is specifically intended to cater for handicapped persons who are interested in promoting games and sporting activities, both indoor and outdoor. The physically handicapped already enter teams in the Barnsley Works Indoor Games League and during the winter months, regularly engaged in indoor games such as snooker, billiards, whist, dominoes and darts with other teams in the league. This Association has its origin in these sporting activities and during 1963, it has become firmly established.

The facilities of the Department are always placed at the disposal of these voluntary associations with regard to duplicating and typing and many of the Officers of these voluntary associations avail themselves of this opportunity.

Liaison with other Authorities

The problems confronting disabled persons in ordinary day to day living are many and varied and many differing welfare services are required. Close liaison with many organisations is essential. Appropriate problems of need are referred for investigation to the National Assistance Board and in certain cases, suitable assistance can be provided through particular voluntary associations which cater for the needs of that particular category of the handicapped. The help and co-operation which has been received from the Officers of the two areas of the National Assistance Board in Barnsley in dealing with cases referred to that Department is gratefully acknowledged. In a district where coal mining is a staple industry, many severely disabled persons are registered with the Department as a result of industrial injuries in coal mines. The needs of paraplegic ex-miners and other severely disabled miners are the particular concern of the Coal Industry Social Welfare Organisation which provides for paraplegic cases a fortnight's holiday for the disabled person and his family, a free television set and also the provision of a free supply of petrol for those using a motor propelled wheelchair. Close liaison is maintained with this Organisation through the Medico-Social Workers who have their Headquarters at Pontefract.

During the year, applications were made to the Wireless for the Bedridden Society for the provision of wireless sets for housebound disabled persons. At the end of 1963, there were 5 sets provided by this Organisation for Barnsley disabled persons.

The supply of invalid motor chairs, electrically propelled chairs, folding and transit chairs are dealt with by the Appliance Officer of the Ministry of Health, Handsworth, Sheffield. Liaison is maintained with the Manager and appreciation is expressed for the help and assistance given at all times in dealing with the cases referred to him.

The special needs of the war disabled, require additional supervision and it is pleasing to note that three war pensioners in Barnsley have received motor cars from the Ministry of Pensions to replace their invalid tricycles. The availability of a car so that the war disabled pensioner can take his wife and family out with him is a tremendous step forward in providing welfare of the highest possible level and the disabled persons concerned are very appreciative of this improved welfare service provided by the Ministry.

Close liaison is maintained with the other welfare services provided by the Department particularly domestic help and home nursing services. The provision of bath seats on loan to many handicapped persons is a worthwhile feature of the loans service provided by the Home Nursing Service of the Corporation.

Close co-operation is also maintained with the Officers of the local office of the Ministry of Labour in connection with the registration of physically handicapped persons under the provision of the Disabled Persons (Employment) Act, 1944. In this connection many disabled persons have been interviewed by the Panel of the Disablement Advisory Committee in connection with their registration under this Act and the Senior Welfare Officer has accompanied disabled persons to speak on their behalf.

PART VI

ENVIRONMENTAL HYGIENE

"I look upon it, that he who does not mind his belly will hardly mind anything else."

Dr. Samuel Johnson.
Boswell's "Life of Johnson".
p.467, 5th August, 1763.

As year succeeds year, environmental factors affecting health tend less and less to attract popular attention. Modern standards of housing, water supplies and sewage disposal are taken for granted as are their beneficial effects on the health of the community. The only occasion indeed when health and environment are mentioned together is either when something has gone wrong or when somebody has the idea that some personal object will be more easily attained if the bogey of a danger to health can be conjured up.

Study of the vital statistics for Barnsley and indeed for the whole country, indicate how very much has been achieved in improving the health and well being of the people by the unremitting toil and vigilance of sanitary authorities. The falling figure for tuberculosis, the rarity of the enteric group of fevers and the virtual disappearance of rickets are only the more dramatic and obvious results of this work. That this task has been an uphill one and has called for patience, persistence and knowledge on the part of those who have dedicated themselves to it is almost universally forgotten. Indeed, appreciation is not infrequently replaced by abuse when the machinery for maintaining environmental hygiene can not be immediately adapted to serve or to secure the wishes of some particular individual or group.

On the other hand when the community is invited to assist the sanitary authority or it is suggested that its members might expend a little effort in furthering the improvement of environmental hygiene to their own undoubted benefit, it is perhaps an understatement to say that the response is somewhat disappointing.

Mention has already been made in this report of the attitude of the community towards dealing with the outrages against good food hygiene which are committed daily, if not hourly in shops, restaurants and cafés up and down the country. At the same time, when an outbreak of food poisoning or dysentery occurs, an outcry is raised that the sanitary authority ought to have prevented it. It will never be known, of course, how many outbreaks the sanitary authority does prevent but comparison of current statistics with those of years gone by indicate that they must indeed be many.

Still more outbreaks of food poisoning might be prevented and a great deal of ill health and discomfort avoided if the public were prepared to give more thought to the cleanliness of the food they eat. Legislation gives statutory power for deliberate adulteration of food or gross negligence in preparing it, to be dealt with by the appropriate authority and this is done. Many cases of illness

are, however, caused by minor carelessness, indifference or sheer lack of common sense on the part of individuals employed in the final stages of selling and handling food. Breaches of the hygiene code of this kind are so numerous that it is quite impracticable for the authority to attempt to correct more than a very small number of them. Yet they are obvious to any normally observant and intelligent person. It is here that the public could help.

For example, attention should be drawn to the assistant who lifts with hands instead of tongs or forks, food sold to be eaten without further cooking. Cakes which have been sneezed or coughed over should be rejected. Cheese or other uncooked articles should not be accepted from the assistant with a dirty bandage on the finger. The café tea cup with the previous user's lipstick on it and the fork with the remains of someone else's lunch on it should be returned with the maximum of discussion. Above all, only those food shops who are known to practise the highest standards of hygiene should be patronised. Indeed, there is much to be said for only buying cooked meats, cakes and sweets when these are sold pre-wrapped. The public would be well advised to keep a vigilant and critical eye on food shops. Custom might then be withdrawn from shopkeepers who themselves show a doubtful appreciation of hygienic standards or whose assistants fail to observe consideration of the health of those they serve, either by carelessness or by indifference. A concerted and determined effort on such lines by even a part of the community must result in the elimination by the hard rules of commerce and finance of the less hygienically desirable establishments. There is little doubt that elimination of these would greatly benefit the public health.

That such action has not already been taken in Barnsley would suggest—having regard to Dr. Johnson's words quoted above—a singular lack of prudence, if not a lack of sense of self preservation on the part of the community. Does this arise from apathy or simply from lack of initiative on the part of the individual who awaits for an all protecting authority to act first? Perhaps it is derived from a lack of moral courage which would prefer to accept illness and discomfort rather than the unpleasantness which results from individual protest. Even less worthy motives might be ascribed to those affected by the dinner party incident mentioned elsewhere in this report.

All this has proved to be most discouraging to those whose duty it is to protect the public from food borne disease.

In the pages which follow, many valuable and informative figures are to be found relating to the unremitting work of the Public Health Inspectorate in various fields. Those on the estimation and reduction of atmospheric pollution are particularly interesting. It will also be observed that the task of improving the places in which people live was continued throughout the year. Unfit property was inspected and represented for demolition and many inspections were carried out in connection with the scheme for giving improvement grants to modernise ageing but sound dwellinghouses.

PROVISION OF NEW HOUSES AND STREETS

- (1) Number of houses built since re-building commenced at the end of the war:—
- | | | |
|-----|---|-------|
| (a) | Privately owned | 1,037 |
| (b) | Council | 5,348 |
- (2) Number of houses built during 1963:—
- | | | |
|-----|--|-----|
| (a) | Privately owned | 242 |
| (b) | Council | 153 |
- No private streets have been made up during 1963.
- The following streets have been officially declared highways repairable at public expense:—

Wordsworth Road
 Oakfield Walk
 Winter Road (part)
 Winter Terrace (part)
 Winter Avenue
 West Moor Crescent
 Moor Green Close
 Hunters Rise
 West End Road (back service road)
 Byron Drive
 Coleridge Avenue
 Wordsworth Road (part)
 Vernon Street North

WATER SUPPLY

The following information is supplied in accordance with the requirements of Ministry of Health Circular letter No. 1/64.

- (i) Throughout the year the supply was satisfactory both in quality and quantity.
- (ii) Examination of both raw and treated waters was maintained in the Department's Laboratory with periodic control examinations by the City Analyst.

Results obtained were:—

Source	No. of Samples	No. of Samples with Presumptive Coli Counts	Highest
			Presumptive Coli Count per ml.
Raw Water			
Midhope Reservoir	51	17	18+, Type I
Ingbirchworth Reservoir	51	37	18+, Type I
Royd Moor Reservoir	51	32	18+, Type I
Treated Water			
Laboratory	318	7	18+, Type I
City Analyst	48	Nil	Nil

Seven samples of treated water which contained Presumptive Coli Counts were taken in the Carlton area after contamination got into a main while repairs were being carried out. Immediate action was taken by the Waterworks Engineer to provide emergency additional chlorination for this area and satisfactory samples were obtained on three consecutive days thereafter. The Medical Officer of Health was kept informed of all these circumstances as they arose.

Chemical analyses of all supplies were carried out quarterly and the results were satisfactory.

The fluoride content of the water varied between 0.09 and 0.15 parts per million.

(iii) **Plumbo Solvency**

No trace of lead was found in any of the samples examined. All the reservoir waters are treated with lime to remove the possibility of plumbo-solvent action.

(iv) **Control of Contamination**

All the reservoir waters are filtered and all supplies are chlorinated.

- (v) All the houses in the County Borough have a direct supply.

During 1963 rainfall was recorded as follows:—

Jordan Hill, Barnsley	....	....	....	....	25.06 inches
Midhope Reservoir	....	....	....	....	41.69 inches

SEWAGE DISPOSAL WORKS

Effluents from Works at Carlton and Lundwood have been fairly satisfactory since mid 1963. Discharges of settled storm sewage from Lundwood are now very rare. As a result of the improvement in the quality of effluents and the almost complete absence of storm water from this works, the condition of the Dearne has improved.

In 1964 it is hoped that the land treatment at Aldham will be replaced by a more compact installation, largely to eliminate aerial nuisance because the effluent quality from this land area is quite satisfactory.

FOOD AND FOOD POISONING

In the introduction to this part of the report and in other appropriate places, reference has been made to food borne diseases and to food hygiene. Details relating to the inspection of premises and various articles of food and drink are contained in subsequent pages.

The arrangement which has been in existence for some 9 years whereby the Health Department will investigate any case of gastro enteritis at the request of the family doctor has once again proved to be of immense value. On the results of these investigations, where a food handler is found to be infected or in contact with an organism capable of causing food borne disease, the powers conferred by S.41/42 of the Public Health Act 1961 are invoked. In this way, food handlers are requested to desist from work and compensation for doing so is paid by the authority until bacteriological evidence of freedom from infection is obtained. This is a not inexpensive precaution and £72/18/11 was expended in this way during 1963. Nevertheless, in a town where many food handlers are employed in an open market under conditions making adequate personal cleanliness after visits to the toilet difficult, such a policy is a most necessary safeguard.

As stated elsewhere the total number of cases of food poisoning formally notified was 13. In addition to this, two other incidents came to the knowledge of the Medical Officer of Health. The facts relating to these are of interest. The first consisted of four cases of severe but short-lived illness amongst old people in a residential home. It appeared that one of them had bought some potted meat in a chain store as a treat for tea. The illness followed in six hours and had all the classical features of food poisoning from a staphylococcal toxin. Follow up of the case showed that an assistant at the shop where the potted meat originated had a pulp space infection of her index finger and further questioning revealed that for a period of hours on the material date she had been serving customers without a dressing on the finger which was discharging pus. It was, unfortunately, several days before these circumstances came to the notice of the Health Department by which time the finger was healed, thus preventing final bacteriological proof being obtained. The firm involved was advised of the circumstances and a meeting with all members of their staff in Barnsley was arranged at which they were addressed by the Medical Officer of Health on food hygiene.

The second incident only came to the notice of the Medical Officer of Health some nine days after its occurrence in circumstances which might euphoniously be described as "fortuitous". Severe diarrhoea occurred amongst an indeterminate number of individuals who had been to a public dinner for some 120 people given at a restaurant by an organisation representing important interests in the food trade. Apparently the diarrhoea occurred some 12 hours after ingestion. Despite the fact that nine days had elapsed following the meal, when information relating to it was received, it was decided to investigate the matter at the restaurant. It was then found that the main course of the meal had consisted of turkey which had presumably been cooked sometime in advance and re-heated. It was ascertained that those members of the restaurant staff who had partaken of the turkey had been ill and it was only those who had been affected. Naturally none of the food was then available for examination but Clostridium Welchii of a type frequently associated with food poisoning was recovered from the stools of those members of the staff who had been ill. The symptoms described by them and other persons affected were typical of the kind of Cl. welchii food poisoning usually associated with pre-cooked and re-heated food.

It is difficult to comment on these two incidents. In each of them there was a sharp illness with fairly quick recovery. In each there was a delay in reporting the matter to the Health Department. This delay hindered seriously the investigations and as a result of this, no question of statutory action could be considered. Both incidents probably arose from a breach of the hygiene code by food handlers. In the one case the firm concerned accepted advice and the incident was put to a good use for health education purposes. As to the other incident, it is felt that having regard to all the circumstances, the less comment made upon it

the better. Surely in both incidents better co-operation might have been expected.

Both incidents illustrate most clearly the difficulties placed in the way of those who would protect the community's food by apathy and lack of interest on the part of the community themselves.

The practice of employing personal contact with food handlers, both at business by the Public Health Inspectors and in the homes by the health visitor was continued. As time goes on it becomes more apparent that this is more effective than a high pressure publicity campaign. Undoubtedly this method is less spectacular and attracts less attention, but it is submitted that individual teaching by pointing out mistakes and extolling satisfactory methods, when these are employed makes a far more lasting impression on the individual than do catch phrases such as "Wash your hands now!" pasted on the lavatory wall.

INSPECTION OF THE AREA

In accordance with the Public Health Officers' Regulations 1959, Article 25(20) (S.R. & O. 1959, No. 962), the following tables and information have been submitted by the Chief Public Health Inspector.

TABLE I
INSPECTION WORK

Total number of Inspections made	9,074
Total number of Re-inspections made	4,500
Total number of Defects found	1,910
Total number of Defects remedied	2,055
Total number of Informal Notices Served	658
Total number of Formal Notices Served	420
Total number of Informal Notices Complied with	552
Total number of Formal Notices Complied with	662

TABLE II
SUMMARY OF INSPECTIONS MADE

Date from: 1st January, 1963 To: 31st December, 1963.

DWELLINGHOUSES:

No. Inspected

		Inspections	Re-inspections
Re: Filthy Conditions ....	....	10	9
Re: Verminous Conditions ....	....	138	12
Re: Other Conditions ....	....	2778	4170
Houses-in-Multiple Occupation		41	49
Common Lodging Houses ....	....	1	
Tents, Vans and Sheds ....	....	289	71
No. of Drains Tested ....	....	112	69

Inspection of

Dairy ....	....	21	
Ice Cream Premises ....	....	209	2
Slaughterhouse ....	....	200	1
Knackers Yard ....	....	4	
Food Preparing Premises ....	....	378	5
Markets ....	....	250	
Food Shops ....	....	829	3
Pet Animal Premises ....	....	6	
Factories with Power ....	....	163	18
Factories without Power ....	....	7	2
Bakehouses ....	....	84	
Hawkers Premises ....	....	107	
Hairdressers Premises ....	....	130	6
Shops re Sanitary Conditions		1	
Cinemas and Theatres ....	....	41	
Premises re Rats ....	....	139	25
Offensive Trades ....	....	31	8
Smoke Observations ....	....	24	
Smoke, visits to Plant ....	....	76	
Smoke Control Area Premises		2044	9
Other Premises—Visits and interviews ....	....	504	83
TOTAL NUMBER OF DEFECTS FOUND		1820	90
TOTAL NUMBER OF HOUSES AFFECTED		1580	53
TOTAL NUMBER OF OTHER PREMISES AFFECTED		45	2

TABLE III
SUMMARY OF NUISANCES ABATED
AND IMPROVEMENTS EFFECTED

Dwellinghouses:

Internal:

Floors repaired or renewed	....	....	....	....	....	....	....	....	28
Walls repaired or renewed	....	....	....	....	....	....	....	....	77
Ceilings repaired or renewed	....	....	....	....	....	....	....	....	45
Fireplaces repaired or renewed	....	....	....	....	....	....	....	....	32
Flues repaired or renewed	....	....	....	....	....	....	....	....	12
Windows repaired or renewed	....	....	....	....	....	....	....	....	60
Doors repaired or renewed	....	....	....	....	....	....	....	....	16
Staircase repaired or renewed	....	....	....	....	....	....	....	....	12
Sinks repaired or renewed	....	....	....	....	....	....	....	....	17
Waste Pipes repaired or renewed	....	....	....	....	....	....	....	....	19
Coppers repaired or renewed	....	....	....	....	....	....	....	....	1
Bath renewed	....	....	....	....	....	....	....	....	1
Coal Stores repaired or renewed	....	....	....	....	....	....	....	....	3
Water pipes repaired	....	....	....	....	....	....	....	....	1
Freed from Vermin	....	....	....	....	....	....	....	....	13
Damp conditions abated	....	....	....	....	....	....	....	....	65

External:

Roofs repaired	....	....	....	....	....	....	....	....	78
Eaves-spouts repaired or provided	....	....	....	....	....	....	....	....	35
Eaves-spouts cleansed	....	....	....	....	....	....	....	....	2
Downspouts repaired or provided	....	....	....	....	....	....	....	....	31
Downspouts disconnected from drain	....	....	....	....	....	....	....	....	7
Downspouts cleansed	....	....	....	....	....	....	....	....	1
Walls repaired or repainted	....	....	....	....	....	....	....	....	54
Chimney Stacks repaired or repainted	....	....	....	....	....	....	....	....	14
Doors repaired or renewed	....	....	....	....	....	....	....	....	12
Steps repaired or renewed	....	....	....	....	....	....	....	....	6
Yard paving repaired	....	....	....	....	....	....	....	....	5

Common Lodging Houses:

Lime-washed	2
-------------	------	------	------	------	------	------	------	------	---

Drains:

Cleansed	....	....	....	....	....	....	....	....	174
Repaired	....	....	....	....	....	....	....	....	93
Reconstructed	....	....	....	....	....	....	....	....	3
New provided	....	....	....	....	....	....	....	....	6
Self cleansing gullies provided	....	....	....	....	....	....	....	....	12

Inspection Chambers:

Built	....	....	....	....	....	....	....	....	6
Repaired or improved	....	....	....	....	....	....	....	....	5

Water Closets:

Provided for houses additional	....	....	....	....	....	....	....	....	32
Provided in substitution of waste water closets	....	....	....	....	....	....	....	....	82
Limewashed and cleansed	....	....	....	....	....	....	....	....	3
Structure repaired or improved	....	....	....	....	....	....	....	....	45
Fittings repaired or improved	....	....	....	....	....	....	....	....	201
Lighting or ventilation improved	....	....	....	....	....	....	....	....	1

TABLE IIIa
HOUSING INSPECTIONS

	Inspections	Re-Inspections
Individual Houses:		
Number inspected and recorded	30	4
Clearance Areas:		
Number of houses inspected and recorded	212	11
Overcrowding:		
Number of houses inspected	53	
Improvement Grants	274	12
Certificates of Disrepair	Nil	

Common Lodging Houses

The one registered Common Lodging House at 26 Doncaster Road, Barnsley, continues to be operated in a satisfactory manner.

Caravan Sites

There are no licensed sites in the Borough but the unauthorised siting of caravans on unoccupied pieces of ground has resulted in 360 visits being made by the Department's Inspectors in an endeavour to get the caravans removed. The work is most unprofitable as no sooner have the caravans been moved from one place than they are found parked in another place where the whole process of persuasion and threat has to be gone through again. The occupiers of these vans are not true gypsies but travelling scrap dealers, fair attendants and the like, who have no regard whatever for hygienic practices or for the amenities of the neighbourhood in which they park their vans. At the moment there does not seem to be any easy solution to this problem.

Factories

The number of inspections of factories and the improvements made are shown in the following table.

TABLE IV
FACTORIES ACT 1961

1. Inspections for purposes of provisions as to health

PREMISES	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	22	9	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	232	265	4	—
3. Other premises in which Section 7 is enforced by the Local Authority(excluding out-workers premises)	—	—	—	—
Total ...	254	274	4	—

2. Cases in which defects were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M.I.	by H.M.I.	
Want of cleanliness (S.1)	1			1	
Overcrowding (S.2)					
Unreasonable Temperature (S.3)					
Inadequate Ventilation (S.4)					
Ineffective drainage of floors (S.6)					
Sanitary Conveniences (S.7)					
(a) Insufficient					
(b) Unsuitable or defective					
(c) Not separate for sexes					
Other offences against the Act (not including offences relating to outwork)					
Total	4	4		1	

Cinemas and Theatres

Forty-one visits were made during the year to the two cinemas and the various other premises licensed for stage plays and in no instance was there any major cause for complaints.

Offensive Trades

The Offensive Trades which have operated for a number of years, continued during 1963; these are three tripe boilers, one fellmonger and one bone boiler and fat extractor.

Knackers Yard

The licence in respect of the premises in Twibell Street was renewed and no complaints regarding offensive smell were received during the year which indicates that management of the premises has improved.

Smoke Abatement

Whilst the necessary information was available in connection with the proposed No. 4 Smoke Control Area it was not possible to proceed with the making of an Order although several meetings had taken place between representatives of the Housing Committee, who own most of the houses in the proposed Area, and the Sanitary Committee, together with the officers concerned.

The publication of the command paper "Domestic Fuel Supplies and the Clean Air Policy" by the Minister of Power, in December, 1963, was a further obstacle in promoting an Order, as the paper envisages the installation of more expensive, although more efficient heating equipment, and this in turn means a greater contribution by the Council towards the cost of alterations. Consequently the whole position is again subject to review. It is hoped however that some definite decision will be reached during 1964.

The work of the Barnsley and District Clean Air Committee has continued and five meetings were held during the year, two of which were in connection with a Clean Air Exhibition, details of the remainder are as follows.

1. Meeting at Manvers Main Colliery, Wath-upon-Dearne when a visit was made to the Divisional Scientific Department to inspect various types of fireplaces and fuels undergoing test.
2. Meeting in Barnsley Town Hall when those present were addressed by Mr. F. Collindridge and Mr. S. Bullough of the National Union of Mineworkers, and Mr. I. W. Danby of the National Coal Board on the subject of "Concessionary coal and the supply of smokeless fuels to miners".
3. Meeting in Barnsley Town Hall when an address was given by Dr. Mary Catterall, Senior Registrar for Respiratory Diseases, The United Leeds Hospital, on the effect of air pollution on the human body.

The Clean Air Exhibition mentioned above formed part of an exhibition covering the whole of the West Riding of Yorkshire which was sponsored by the West Riding Clean Air Advisory Council. The local exhibition embraced fourteen local authorities besides Barnsley

and your Chief Public Health Inspector acted as liaison officer between those local authorities and the West Riding Clean Air Advisory Council. The exhibition consisted of five mobile units showing various types of smokeless fuel appliances and fuels. It was opened on the 19th November, 1963, by The Worshipful the Mayor of Barnsley, Alderman T. Brown, J.P., supported by Alderman G. Burkinshaw, Chairman of the Sanitary Committee and other members of the Council. After staying in Barnsley for two days the Exhibition moved on and visited the other fourteen local authority districts, and the general concensus of opinion was that despite adverse weather and other difficulties, the effort had been well worthwhile.

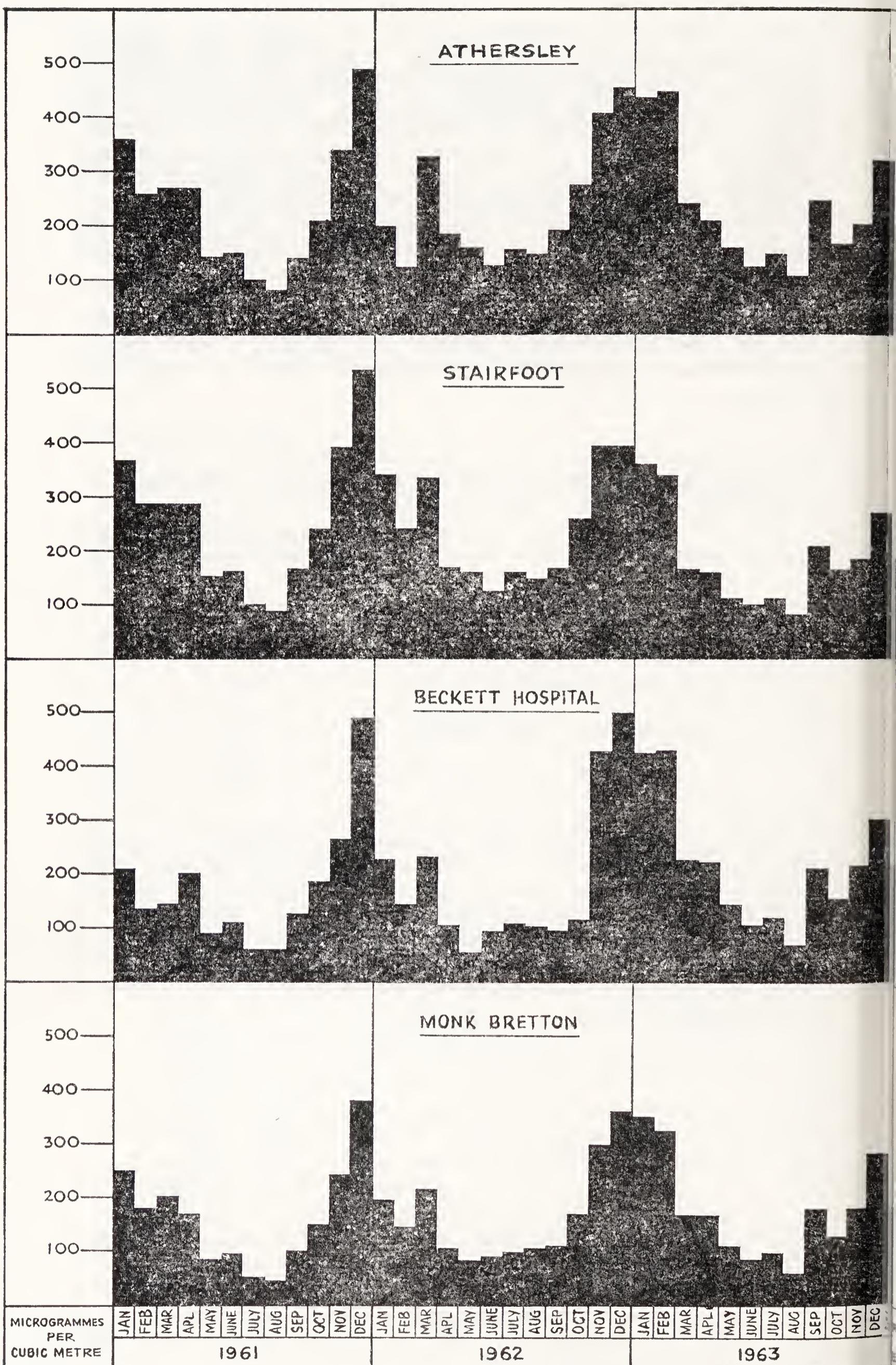
During the year eight notifications under Section 3 of the Clean Air Act, 1956, of intention to install a furnace, were received and in one instance "prior approval" was given in respect of a gas fired furnace.

ESTIMATION OF S.O.₂ BY LEAD DIOXIDE METHOD

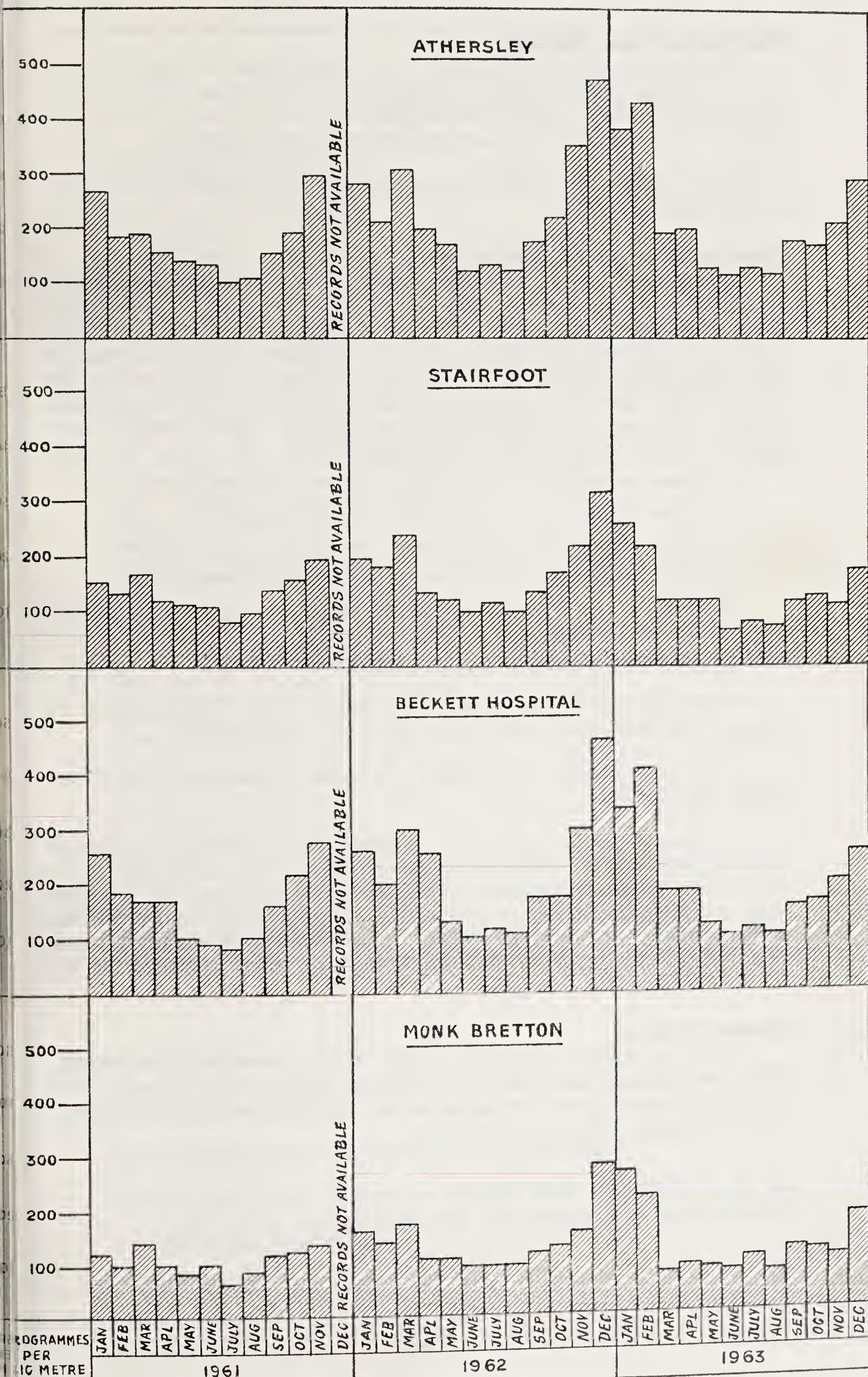
Station	Average Daily Figure in Milligrams per 100 sq. centimetre
Kendray Hospital	2.47
Abattoir	2.54
Girls High School	2.03
147 Lindhurst Road, Carlton	2.16
Carlton Green	1.78

The following graphs show the monthly variation in Smoke and Sulphur-dioxide at the four recording stations, for the three years 1961, 1962 and 1963. The severe weather at the end of 1962 and the beginning of 1963 is well illustrated and points to a large increase in pollution from domestic chimneys, as the industrial pollution is not greatly affected by weather conditions. The inference to be gained from this is that if domestic smoke was eliminated, the atmosphere would be much cleaner.

SMOKE



SULPHUR DIOXIDE



Hairdressers and Barbers

During the year there were new registrations in respect of 14 persons and 14 premises, but 13 persons and 12 premises were removed from the register as they discontinued business, so that at the end of the year there were 93 persons and 86 premises registered.

There were no serious contraventions of the requirements relating to this type of premises.

Disinfestation and Disinfection

For a number of years the stoving of clothing and bedding by means of steam has been carried out at The Limes Hostel, but in view of the anticipated closure of the Hostel it became necessary to make other arrangements and the Sanitary Committee decided to transfer the steam disinfecter to new premises to be built at the rear of the Public Baths, Race Street, where a supply of steam would be available, and to make provision in the same premises for the bathing of lousy persons—this work had not been completed by the end of the year.

Various infestations were dealt with as set out below.

46 Local Authority owned houses treated for bugs.

16 Local Authority owned houses treated for cockroaches.

8 Local Authority owned houses treated for clover mite.

12 Lots of furniture from local authority owned houses were treated for bugs.

12 Privately owned houses were treated for bugs.

Regarding disinfection, 111 bedrooms and 85 livingrooms in 50 houses, and 9 hospital wards were sprayed with formalin.

Thirty-one articles of clothing and bedding were put through the steam disinfecter.

A request for assistance in dealing with a parcel of women's clothing deposited in the "Left Luggage" office was received from the Yorkshire Traction Company. This clothing had been 'left' for some time and had commenced to give off an offensive odour and unfortunately the owner could not be traced. The clothing was removed, steam disinfected and rendered non-odorous, and then returned to the Yorkshire Traction Company.

Rodent Control

The two rodent operatives baited 2,757 sewer manholes during the year and also dealt with a number of surface infestations of rats and mice, details are set out below in the form required by the Ministry of Agriculture, Fisheries and Food.

	Type of Property			Total
	Local Authority	Dwelling Houses	Business Premises	
I. Number of properties in Local Authority District	173	23745	4033	27951
II. Total number of properties inspected as a result of notification	43	401	59	503
Number of such properties found to be infested by:—				
Common Rat . . major	2	2	2	6
minor	22	291	33	346
Ship Rat . . . major		Nil		
minor		Nil		
House Mouse . major		Nil		
minor	17	105	24	146
III. Total number of properties inspected in the course of survey under the Act	5			5
Number of such properties found to be infested by:—				
Common Rat . . major				
minor	3			3
IV. Total number of properties otherwise inspected (e.g. when visited for some other purpose)			306	306
V. Total inspections carried out—incl. re-inspections	124	1314	2228	3666
VI. Number of infested properties treated by Local Authority	41	398	59	498
VII. Total treatments carried out—incl. re-treatments	41	398	59	498

Swimming Baths

Bacteriological examination of samples of swimming bath water gave the following results.

Raley School Bath—6 samples all satisfactory.

Public Baths, Race Street—3 samples each from both large and small baths, and in each case one sample was unsatisfactory. See following Table.

	Plate Count 24 hrs. 37°C per millilitre	Probable No. of Colliform Bacilli 2 days 37°C per 100 millilitre	Probable No. of Bact. Coli (Type 1) per 100 millilitre	Chlorine Content parts per million
Large Bath	30	0	0	0.2
Small Bath	168	2	1	0.3

Rag, Flock and Other Filling Materials

Ten samples of filling materials were taken for examination, all from the one premises registered under the Act, all the samples conformed to the prescribed standards and consisted of the following materials :

- 2 samples of Kapok
- 2 samples of Woollen Flock
- 2 samples of Feathers
- 2 samples of Feathers and Down
- 2 samples of Down

Fertilisers and Feeding Stuffs

Twenty-eight samples were taken and examined during the year, consisting of 18 samples of fertilisers and 10 of feeding stuffs, all were satisfactory.

Details of the samples are as follows :—

Fertilisers

Hoof and Horn Meal	....	....	....	....	2 samples
Bone Meal	....	....	....	....	2 samples
Hop Manure	....	....	....	....	1 sample
Superphosphate	....	....	....	....	2 samples
Sulphate of Ammonia	....	....	....	....	2 samples
Hydrated Lime	....	....	....	....	1 sample
Dried Blood	....	....	....	....	1 sample
Liquid Fertiliser	....	....	....	....	3 samples
Fish Manure	....	....	....	....	1 sample
Growmore Fertiliser	....	....	....	....	1 sample
Nitro Chalk	....	....	....	....	1 sample
Sulphate of Potash	....	....	....	....	1 sample
					18 samples

Feeding Stuffs

Layers Pellets	....	....	....	....	3 samples
Layers Mash	....	....	....	....	2 samples
Poultry Growers Pellets	....	....	....	....	2 samples
Poultry Growers Mash	....	....	....	....	1 sample
Baby Chick Crumbs	....	....	....	....	1 sample
Turkey Rearing Mash	....	....	....	....	1 sample
					10 samples

Pet Animals Act, 1951

Licenses in respect of three shops and one stall in the Market were granted for 1963. The conditions of the licences were observed in every case.

Closet and Refuse Accommodation

During the year contracts Nos. 3 to 7 inclusive, were completed and the work on contract No. 8 was in progress, this resulted in 165 waste water closets being converted to water closets and 63 additional water closets being provided.

In addition to the local authority scheme, some owners of property engaged private contractors to do their work, these contractors converted 82 waste water closets and provided 32 additional closets. The totals then for the year are 197 waste water closets converted into water closets, and 95 additional water closets provided.

Eleven privy-middens were abolished and eleven internal water closets provided by means of improvement grants.

Four hundred and three ashbins were renewed for dwellinghouses and one dry-ashpit was converted into an ashbin shelter and a bin provided.

Housing

The following tables show the work accomplished in connection with the improvement of housing conditions.

Clearance Areas Declared

Quarry Street Clearance Area No. 160	....	....	....	6 houses
George Street, Monk Bretton Clearance Area No. 161	....	....	10 houses	
Keresforth Hill Road Clearance Area No. 162	....	....	8 houses	
Keresforth Hill Road Clearance Area No. 163	....	....	7 houses	
Keresforth Hill Road Clearance Area No. 164	....	....	3 houses	
Back Denton Row Clearance Area No. 165	....	....	18 houses	
Summer Street Clearance Area No. 166	....	....	5 houses	
Prospect Street Clearance Area No. 167	....	....	8 houses	
Cresswell Street Clearance Area No. 168	....	....	7 houses	
Summer Street Clearance Area No. 169	....	....	9 houses	
				—
				81 houses
				—

Individual Unfit Houses

Representations made with a view to Closing or Demolition	....	....	....	....	....	....	3
Representation made by the Medical Officer of Health with respect to Local Authority houses	....	....	....	....	....	....	38
Closing Orders made	....	....	....	....	....	....	7
Demolition Orders made	....	....	....	....	....	....	3

Unfit Houses Demolished in Clearance Areas

Clearance Area No. 153

1-19 (consecutive) Greggs Row, Stairfoot	....	....
1, 3, 5, 7 King Street, Stairfoot	....	....	....
3-37 and 8-42 Industry Road, Stairfoot	....	....	....
1-41 and 2-40 Albion Road, Stairfoot	....	....	....
8 Alliance Road, Stairfoot	....	....	....	101 houses

Clearance Area No. 154

5, 7, 9 Park Row	3 houses
	104 houses

Unfit Houses Demolished by Agreement with Owners

1, 3, 5 Stanley Road, Stairfoot	3 houses
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Individual Unfit Houses Closed

3 Rich Lane, Barnsley	1 house
472, 474, 476, 478 and Mill House, Burton Road, Monk Bretton	5 houses
1, 3 Queen's Yard, Regent Street South, Barnsley	2 houses
2 Rock Street, Barnsley	1 house
	9 houses

Individual Unfit Houses Demolished

2, 3 Scarr Lane, Ardsley	2 houses
---	----------

Improvement Grants

During the year 231 Improvement Grants were made, 38 being Discretionary Grants and 193 Standard Grants, in the former case the total cost of the work was £20,519/5/3d., and in the latter £49,780.

Since the inception of the Improvement Grants Scheme to the end of December 1963, 454 houses have been brought up to the 12 point standard by means of Discretionary Grants and the following amenities have been provided by means of Standard Grants.

IMPROVEMENT GRANTS

From inception to 31/12/63

Discretionary Grants (All amenities)

391 Grants affecting 454 houses.

Standard Grants

Bath, wash hand basin, hot water supply, water closet, food storage facilities in	13 houses
Bath, wash hand basin, hot water supply, water closet in	460 houses
Bath, wash hand basin, water closet in	19 houses
Wash hand basin, water closet in	39 houses
Water closet in	33 houses
Bath, wash hand basin in	1 house
Bath, water closet in	2 houses
Bath, wash hand basin, hot water supply in	15 houses
Bath, hot water supply in	1 house

Hot water supply, water closet in	.... .... .... ....	2 houses
Bath, wash hand basin, water closet, food storage facilities in	.... .... .... ....	1 house
Water closet, food storage facilities in	.... .... ....	2 houses
Wash hand basin, water closet, hot water supply in	....	1 house
Wash hand basin in	.... .... .... ....	2 houses
Wash hand basin, hot water supply in	.... .... ....	1 house
		—
		592 houses
		—

Rent Act, 1957

No applications for Certificates of Disrepair were received during the year. One application from a landlord for the cancellation of a Certificate of Disrepair issued in 1962, was granted.

Houses in Multiple Occupation

A start was made during the year on the inspection of houses in multiple occupation and, although no accurate figure was available, it was estimated that there are about 100 such houses in Barnsley. By the end of the year a complete survey had been made of 25 houses and informal notices served on the owners requiring them to carry out works to bring the houses to a standard which the Council have approved.

The minimum approved standard is as set out below and in addition, the requirements of the Chief Fire Officer who has willingly co-operated with the Sanitary Department in this matter, regarding precautions against fire, were embodied in the notice.

It will be noted from Table II Inspections Made, that 90 visits were made to houses in multiple occupation—one of the difficulties experienced in making inspections, was finding the occupiers in, as many of the rooms are let to one person who is out working during the day and repeated visits had to be made before access could be obtained.

Minimum Standard

Natural Lighting

Every habitable room to be provided with adequate natural lighting.

Artificial Lighting

Every habitable room and every hall, passage, staircase, bathroom, and water closet, to be provided with means of adequate artificial lighting, either by gas or electricity.

Ventilation

Every room, hall, passage, staircase, bathroom and water closet to be provided with adequate means of ventilation.

Water Supply and Washing Facilities

One room of every letting to be provided with a suitable sink with hot and cold water supply over. The sink to be provided with a suitable waste pipe made to discharge over a properly

trapped self-cleansing gully in the external air, properly connected to the drainage system.

One bath (or shower) with hot and cold water supply over to be provided for the use of every eight persons residing in the building, irrespective of age. The bath to be in a separate bathroom and to be readily available, and to be provided with a suitable waste pipe made to discharge over a properly trapped self-cleansing gully in the external air, properly connected to the drainage system.

Sanitary Conveniences

One water closet to be provided and to be readily available for every eight persons residing in the buildings, irrespective of age.

Facilities for Storage and Cooking of Food

Every letting to be provided with a food cupboard ventilated to the external air. The cupboard to have a capacity of not less than four cubic feet.

Where a kitchen is used in common for the cooking of food, there shall be provided a separate solid fuel fired appliance, or suitable means of cooking by gas or electricity for the use of each letting.

Heating of Rooms and Storage of Fuel

Every letting shall be provided with at least one approved fireplace capable of burning solid fuel, or adequate and suitable points to which electric or gas space heating appliances can be attached. Where an approved solid fuel appliance is in use then adequate fuel storage facilities shall be provided.

Refuse Accommodation

An adequate number of properly covered refuse bins shall be provided and maintained.

Overcrowding Standard

A letting shall be deemed to be overcrowded when the number of persons sleeping therein either :

- (a) is such that any two persons, being persons ten years of age or more and of opposite sexes, and not living together as husband and wife, must sleep in the same room, or
- (b) is in excess of the number of units specified in the following table.

Where the floor area of a room is :—

(i) Under 50 square feet	Nil
(ii) 50 square feet or more, but less than 70 square feet	$\frac{1}{2}$ Unit
(iii) 70 square feet or more, but less than 90 square feet	1 Unit
(iv) 90 square feet or more, but less than 110 square feet	$1\frac{1}{2}$ Units
(v) 110 square feet	2 Units

(With one additional person, of whatever age for each 60 square feet in excess of 110 square feet.)

1 Unit = A person ten years of age or over.

$\frac{1}{2}$ Unit = A child under ten years of age.

Prosecutions

In two instances legal proceedings were commenced in respect of the non-compliance with Statutory Notices served under the provisions of the Public Health Act, 1936. One case referred to defective eaves spouts (Section 39) and the other to damp walls, defective fireplace flue, and an external door which was not weatherproof (Section 93). The work required to comply with the Notices was done before the date of Hearing before the Magistrates and consequently the summonses were withdrawn.

Supervision of Food Premises and Inspection of Food

This important aspect of the Department's work has continued to receive particular attention as the following tables show.

List of Food Premises

Type	Number
Bakehouses	20
Breweries	1
Butchers Shops	76
Catering Establishments	39
Clubs	43
Flour Confectionary Shops	31
Flour Mill	1
Food Preparing Premises	53
Fried Fish Shops	51
Fruit and Vegetable Retailers	32
Fruit and Vegetable Wholesalers	3
Grocers and Provision Dealers	232
Hawkers Food Storage Premises	63
Hotels and Public Houses	96
Ice Cream Manufacturers	5
Ice Cream Retailers	297
Milk Depots	3
Mineral Water Manufacturers	3
Off-Licence Premises	81
Premises from which Milk is sold	118
School Kitchens	24
Slaughterhouses	2
Sugar Confectionary Shops	67
Tripe Boilers	3
Wet Fish Shops	7
Wholesale Grocery Warehouses	6
Works Canteens	21

IMPROVEMENTS IN FOOD PREMISES

PREMISES	Wash Basins Provided			Sinks Provided			Hot Water Supply			Premises Cleaned or Redecorated			Fixtures and Fittings Improved			Walls Repaired			Floors Repaired			Ceilings Repaired			W.C.'s Provided or Improved			New Premises Provided			Premises Discontinued		
	Bakehouses	Food Preparing Premises	Hawkers' Vehicles	Hawkers' Premises	Food Shops	Catering Establishments	Fried Fish Shops																										
																													
Bakehouses																													
Food Preparing Premises																																
Hawkers' Vehicles																													
Hawkers' Premises																																
Food Shops	2	1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3			
Catering Establishments	4	2	4	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12		
Fried Fish Shops		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		

Hawkers of Food and Food Storage Premises

9 Hawkers registered during the year.
 5 Hawkers food storage premises registered during the year
 and 19 were discontinued.
 Total Hawkers on Register 108.
 Total Hawkers food storage premises on Register 63.

Milk Supply

Number of distributors on register at end of year 113.

Licences for Designated Milk

1 Dealers (Pasteurised) Licence.
 12 Dealers Licences to use designation "Pasteurised".
 11 Dealers Licences to use designation "Tuberculin Tested".
 108 Dealers Licences to use designation "Sterilised".

Bacteriological Examination of Milk

Methylene Blue Test

44 Samples of Raw Tuberculin Tested Milk	40 Satisfactory
22 Samples of Pasteurised Milk	4 Unsatisfactory
15 Samples of Tuberculin Tested Pasteurised Milk	22 Satisfactory
	15 Satisfactory

Phosphatase Test

22 Samples of Pasteurised Milk	22 Satisfactory
15 Samples of Tuberculin Tested Pasteurised Milk	15 Satisfactory

Turbidity Test

17 Samples of Sterilised Milk	17 Satisfactory
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Samples of Milk for Tuberculosis

13 Samples of Raw Tuberculin Tested Milk	13 Negative
--	-------------

Brucellosis

13 Samples of Raw Tuberculin Tested Milk	13 Negative
--	-------------

Ice-Cream

156 Samples of heat treated ice cream were subjected to the methylene blue test with the following results.

Grade I	Grade II	Grade III	Grade IV
137	14	4	1

22 Samples were submitted to chemical analysis, all were found to contain above the minimum required amount of 5% of fat.

- 1 Sample contained between 5 and 6 per cent.
- 2 Samples contained between 8 and 9 per cent.
- 7 Samples contained between 9 and 10 per cent.
- 8 Samples contained between 10 and 11 per cent.
- 3 Samples contained between 11 and 12 per cent.
- 1 Sample contained between 14 and 15 per cent.

Meat and Other Foods

The coming into operation of The Meat Inspection Regulations 1963, on 1st October, 1963, gave new powers to local authorities and also imposed new duties. These Regulations replace the Public Health (Meat) Regulations, 1924.

The main provisions of the new Regulations are :—

- (a) meat at slaughterhouses must be inspected
- (b) meat must not be removed from a slaughterhouse until it has been inspected
- (c) meat inspected and passed as fit for human consumption must be marked
- (d) local authorities may charge for inspection
- (e) the minimum period of notice of slaughter is extended from 3 hours to 24 hours.

Ever since the Public Abattoir was opened in 1930 and in the case of the one privately owned slaughterhouse, ever since it commenced to operate, all meat has been inspected before removal so that Barnsley can claim to have a 100% meat inspection service.

With regard to the marking of meat, Barnsley Inspectors have for many years been authorised under the provisions of The Public Health (Meat Regulations) 1924, to stamp meat, but this was only done at the request of the owner, under the new Regulations, all meat passed as fit for human consumption must be stamped.

An entirely new departure is the power to make a charge for inspection, but it is not intended that the charge made should result in a large profit above the actual cost of inspection. The Regulations set out the maximum charges which can be made but after considering all the costs of the service and the estimated number of animals which will be slaughtered, the Council decided to make the following charges :

	s. d.		s. d.
Bovines (other than a calf)	1 9	(maximum allowed)	.... 2 6
Calf or Pig	.... ....	7	(maximum allowed) 9
Sheep, Lamb, or Goat	....	5	(maximum allowed) 6

Animals Slaughtered and Inspected

	Public Abattoir	Private Slaughterhouse
Beasts	.... ....	13086
Sheep	.... ....	30791
Calves	.... ....	914
Pigs	.... ....	19860
	<hr/>	<hr/>
	64651	1008
	<hr/>	<hr/>

Fresh Meat Condemned

	Public Abattoir	Private Slaughterhouse
Beef	.... ....	11818 lbs.
Beef Offal	.... ....	52091 lbs.
Mutton	.... ....	2197½ lbs.
Mutton Offal	....	2469 lbs.
Veal	.... ....	1091 lbs.
Veal Offal	.... ....	452½ lbs.
Pork	.... ....	6663½ lbs.
Pork Offal	.... ....	3427 lbs.
	<hr/>	<hr/>
	80209½ lbs.	2174½ lbs.
	<hr/>	<hr/>

Total	Total
35 tons 16 cwts. 17½ lbs.	19 cwts. 1 qr. 18½ lbs.
130	

TABLE VIa
ABATTOIR

Carcases and all organs condemned

Animal	Accident	Inflammatory Diseases	Other Bacterial Diseases
Bulls	1		
Bullocks		1	1
Cows	1	17	6
Calves		10	7
Sheep	4	44	14
Pigs		9	17

TABLE VIIa
ABATTOIR

Carcases partially condemned

Animal	Tuberculosis	Accident	Other Bacterial Diseases
Bullocks		2	
Heifers		3	
Sheep		1	2
Pigs	1	3	4

TABLE VIb
PRIVATE SLAUGHTERHOUSE

Carcases and all organs condemned

Animal	Accident	Other Bacterial Diseases
Cow	1	1

TABLE VIIb
PRIVATE SLAUGHTERHOUSE

Carcases partially condemned

Animal	Accident	Inflammatory Diseases
Cow		1
Sheep	1	

TABLE VIIIa
ABATTOIR
Various Organs Condemned as Unfit for Human Consumption

	Heads	Tongues	Lungs	Livers	Stomachs	Kidneys	Hearts	Spleens	Udders	Mesenteries	Intestines
Tuberculosis											
Bullocks			3	3	1		3	1		3	3
Cows			2				2			1	1
Pigs	329	329	6	5	4		3			18	18
Inflammatory Diseases:											
Bulls			1	8		4		1			
Bullocks			58	35		104	52			8	8
Heifers			22	13	1	34	8			2	2
Cows			37	206	10	123	14	5	433	18	18
Sheep			9	11		2	9				
Calves			1	1		2	1				
Pigs			113	154	14	65	107	1		34	34
Parasitic Diseases:											
Bulls			4	3			2				
Bullocks	62	62	25	326			26				
Heifers	39	39	6	120			27				
Cows	22	22	10	200			6				
Sheep			40	624			38				
Pigs			41	245			40			2	2
Other Bacterial Diseases:											
Bulls	1	1		3							
Bullocks	76	76	19	371	2		5			2	2
Heifers	23	23	12	154		1	2				
Cows	20	20	4	106	2		1			1	1
Sheep			2	7			2				
Pigs	7	7								4	4

TABLE VIIIb
PRIVATE SLAUGHTERHOUSE

Various Organs Condemned as Unfit for Human Consumption

	Heads	Tongues	Lungs	Livers	Stomachs	Kidneys	Hearts	Spleens	Udders	Mesenteries	Intestines
Tuberculosis											
Pigs	4	4									
Inflammatory Diseases											
Heifers											
Cows			2	7	1						
Calves			1	1							
Pigs			1								
Parasitic Diseases											
Bullocks	1	1									
Heifers	1	1									
Cows	3	3	3	1	6	2	1	1	1		
Sheep					1						
Pigs											
Other Bacterial Diseases											
Heifers											
Cows	2	2		1	2	4					
Pigs	1	1									

TABLE IX
Analysis of Inspection of Meat

	Cattle (exclud- ing Cows)	Cows	Calves	Sheep and Lambs	Pigs	
Number killed	10749	2648	1151	31123	19988	
Number inspected	10749	2648	1151	31123	19988	
All Diseases except Tuberculosis and Cysticerci						
Whole carcases condemned	3	26	17	62	26	
Carcases of which some part or organ was condemned	1266	758	4	694	571	
Percentage affected with disease	11.8	29.6	1.8	2.4	2.9	
Tuberculosis only						
Whole carcases condemned	—	—	—	—	—	
Carcases of which some part or organ was condemned	4	2	—	—	341	
Percentage affected with disease	0.04	0.08	—	—	1.7	
Cysticercosis						
Carcases of which some part or organ was condemned	180	34	—	—	—	
Carcases submitted to treat- ment by refrigeration	36	4	—	—	—	
Generalised and totally condemned	—	—	—	—	—	

Other foodstuffs Condemned and Voluntarily Surrendered

Prepared Foods

Cooked Meats	....	....	....	....	24 $\frac{1}{4}$ lbs.
Sausage	....	....	....	....	19 lbs.
Meat Pies	....	....	....	....	35 lbs.
Other Foods	....	....	....	....	12 $\frac{1}{4}$ lbs.

Fish and Rabbits

Fish	....	....	....	....	101 lbs.
Rabbits	....	....	....	....	52 $\frac{1}{2}$ lbs.
Shrimps	....	....	....	....	14 lbs.

Other Foods

Chickens	....	....	....	....	13 $\frac{1}{2}$ lbs.
Bacon	....	....	....	....	188 lbs.
Butter and Margarine	....	....	....	....	3 lbs.
Cheese	....	....	....	....	75 $\frac{1}{2}$ lbs.

Fruit and Vegetables

Potatoes	....	....	....	....	56 lbs.
Carrots	....	....	....	....	1680 lbs.
Mixed Vegetables	....	....	....	....	20 $\frac{3}{4}$ lbs.
Ice Cream	....	....	....	....	3 lbs.

Preserved Foods

4719 tins and jars of food 7763 $\frac{1}{2}$ lbs.

Food Seized

Bacon joints 8 $\frac{3}{4}$ lbs.

Summary of Food Condemned

		Tons	Cwts.	Qtrs.	Lbs.
Fresh meat from Abattoir	....	35	16		17 $\frac{1}{2}$
Fresh meat from Private Slaughterhouse	....	19	1		18 $\frac{1}{2}$
Fruit and vegetables	....	15	2		20 $\frac{3}{4}$
Prepared Foods	....		3		6 $\frac{1}{2}$
Fish and Rabbits	....	1	1		27 $\frac{1}{2}$
Other Foods	....	2	2		3
Preserved Foods	....	3	9	1	7 $\frac{1}{2}$
Food seized	....				8 $\frac{3}{4}$
Total	....	41	5	1	26

Cysticercus Bovis

214 Carcasses were found to be affected with this parasite which is 1.59% of the animals slaughtered.

Viable cysts were found in 20 bullocks, 16 heifers and 4 cows.

Non-viable cysts were found in 84 bullocks, 58 heifers, 30 cows and 1 bull.

The carcasses and organs where viable cysts were present were subjected to refrigeration before being passed for food, this is done in the 'deep freeze' attached to the detention room at the Abattoir.

In the non-viable cases the affected organs were destroyed.

Special Examination of Foodstuffs

Bread—contaminated with a dark coloured substance, consisted of lubricating oil.

Apples—examination for arsenic, contained arsenic—less than 0.1 parts per million, contained lead 0.19 parts per million.

These amounts are permitted under the Regulations.

Canned Crab—containing white crystals. Consisted of Magnesium Ammonium Phosphate and is formed naturally in canned crab.

Bread Cake—contaminated with a dark coloured substance, consisted of lubricating oil.

FOOD AND DRUGS

278 samples of food and drugs were taken for analysis during the year.

Milk

Of the 72 samples taken 66 were genuine and 6 were not genuine.

The average composition of all the 72 samples of milk was 3.84% milk fat and 8.78% milk solids not fat.

Sample No.	Adulteration	Remarks
8262 Informal	Channel Island milk deficient in milk fat 7%.	Formal sample genuine.
8263 Informal	Slightly deficient in milk solids.	Formal sample genuine.
8327 Informal	Slightly deficient in milk fat.	Taken from a vending machine. Letter of warning sent.
8348 Informal	Deficient in milk fat 7.6%.	Taken from a vending machine. Letter of warning sent.
8352 Informal	Deficient in milk fat 5.3%.	Taken from a vending machine. Letter of warning sent.
8353 Informal	Deficient in milk fat 7%.	Taken from a vending machine. Letter of warning sent.

**Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1963**

Article	Total	Genuine	Not Genuine	Formal		Informal	
				Genuine	Not Genuine	Genuine	Not Genuine
Apple Juice	1	1					1
Angelica	1	1					1
Aspirin	1	1					1
Amon. Tincture of Quinine	1	1					1
Apricot Conserve	1	1					1
Arrowroot	1	1					1
Back and Kidney Pills	1	1					1
Bicarbonate of Soda	1	1					1
Boracic Crystals	1	1					1
Borax	1	1					1
Butter Crackers	1	1					1
Buttered Walnuts	1	1					1
Bacon and Egg Pie	1	1					1
Beef Suet	1	1					1
Bilberries	2	2					2
Black Currant Juice	1	1					1
Black Treacle	1	1					1
Butter	2	2					2
Butter Mintoes	1	1					1
Baking Powder	1	1					1
Beef Spread with Butter	1	1					1
Bismuth Lozenges	1	1					1
Buttered Fudge	1	1					1
Beef Dripping	1	1					1
Cascara Sagrada Tablets	1	1					1
Cheese Spread	1	1					1
Chocolate Spread	1	1					1
Cochineal	1	1					1
Codeine Linctus	1	1					3
Cod Liver Oil	3	3					1
Coffee & Chicory Essence	1	1					1
Coffee (Instant)	3	3					1
Composition Essence	1	1					7
Cream	7	7					7
Cream Cake	2	2					2
Creamed Rice	2	2					1
Castor Oil	1	1					1
Cheese	1	1					1
Chicken and Mushrooms	1	1					1
Custard Powder	1	1					1
Camphorated Oil	1	1					1
Cinnamon Lozenges	1	1					1
Creamed Sago	1	1					1
Calcium Lactate Tablets	1	1					1
Chicken Supreme	1	1					1
Christmas Pudding	1	1					1
Cocktail Sausages	1	1					1
Cough Mixture	1	1					1
Curry Powder	1	1					1
Delax	1	1					1
Desiccated Coconut	1	1					1
Dried Baking Yeast	1	1					2
Epsom Salts	2	2					3
Evaporated Milk	3	3					1
Fever Mixture	1	1					3
Fish Cakes	3	3					1
French Capers	1	1					1
Flake Tapioca	1	1					1

**Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1963**

Article	Total	Genuine	Not Genuine	Formal		Informal	
				Genuine	Not Genuine	Genuine	Not Genuine
Friars Balsam	1	1				1	
Gees Linctus	1	1				1	
Gelatine	1	1				1	
Ground Rice	2	2				2	
Glucose	1	1				1	
Garlic Flakes	1	1				1	
Grape Juice	1	1				1	
Glycerine, Lemon & Ipecac	1	1				1	
Golden Syrup	1	1				1	
Ground Almonds	1	1				1	
Hay Fever Mixture	1	1				1	
Heart Tablets	1	1				1	
Hermesetas	1	1				1	
Influenza Mixture	1	1				1	
Invalid Butter Toffee	1	1				1	
Ice Cream	22	22				22	
Indigestion Mixture	1	1				1	
Lard	3	3				3	
Lemon Barley	2	2				2	
Lung Tonic	1	1				1	
Lemon Cheese	2	2				2	
Liquid Paraffin	1	1				1	
Lucozade	1	1				1	
Marshmallow Ointment	1	1				1	
Marzipan	2	2				2	
Mint Sauce	1	1				1	
Mixed Fruit Jam	1	1				1	
Mincemeat	4	4				4	
Malt Vinegar	1	1				1	
Milk Biscuits	1	1				1	
Milk of Magnesia	1	1				1	
Milk Pudding	1	1				1	
Mixed Herbs	1	1				1	
Oatmeal	1	1				1	
Orange Drink	5	5				5	
Parrish's Food	1	1				1	
Peanut Butter	2	2				2	
Potted Salmon	1	1				1	
Parkin	1	1				1	
Parsley	1	1				1	
Pickled Onions	1	1				1	
Polony	1	1				1	
Paprika Pepper	1	1				1	
Pickled Eggs	1	1				1	
Pie (Meat)	3	3				3	
Pork Luncheon Meat	1	1				1	
Peppermint Cordial	1	1				1	
Raspberry Vinegar	1	1				1	
Red Currant Jelly	1	1				1	
Raspberries	1	1				1	
Sago Pudding	1	1			1		
Sal Volatile	1	1				1	
Soup Cube with Chicken	1	1				1	
Sausage (Beef)	1	1				1	
Sausage (Pork)	2	2				2	
Sweetening Tablets	1	1				1	
Sweet Spirit of Nitre	2	1	1	1	1		
Syrup of Figs	1	1				1	

Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1963
Samples of Food and Drugs (Other than Milk)
sent to the Public Analyst during 1961

Article	Total	Genuine	Not Genuine	Formal		Informal	
				Genuine	Not Genuine	Genuine	Not Genuine
Salad Cream	1	1				1	
Self Raising Flour	2	2				2	
Strawberry Syrup	1	1				1	
Stuffed Olives	1	1				1	
Sulphur Salt	1	1				1	
Sunflower Seed Oil	1	1				1	
Semolina	1	1				1	
Stewed Steak	1	1				1	
Sugar	1	1				1	
Table Jelly	2	2				2	
Tapioca	1	1				1	
Tea	2	2				2	
Tomato Ketchup	1	1				1	
Tartare Sauce	1	1				1	
Travel Sickness Tablets	1	1				1	
Tomato Juice	1	1				1	
Vinegar	3	3				3	
Vanilla Essence	1	1				1	
Vitocee Pellets	1	1				1	
Virol	1	1				1	
Vitadatio Herbal Tonic	1	1				1	
White Pepper	1	1				1	
Witch Hazel	1	1				1	
Worcestershire Sauce	1	1				1	
Yeast Tablets	2	2				2	
Zinc & Castor Oil Cream	1	1				1	
	206	205	1	3		202	1

PARTICULARS OF OTHER FOODS
Adulterated Samples

Sample No.	Article	Adulteration or Offence	Remarks
8148 Informal	Sweet Spirit of Nitre	Deficient in Ethyl Nitrite 28.8%.	Formal sample genuine

Prosecutions for various offences in connection with food

Case A—Sale of a mouldy chicken pie not of the nature, substance and quality demanded.
Case dismissed.

Case B—Sale of a mouldy pork pie not of the substance demanded.
Fined £5 and costs.

Case C—Sale of bread roll containing lubricating oil.
Fined £20 and costs.

Case D—Use of unregistered food hawkers premises for the storage of food.
Fined £2.

Case E—Sale of two bacon joints unfit for human consumption.
Depositing for sale five bacon joints unfit for human consumption.
Fined £5 and costs on each charge.

Other Food Offences, not prosecuted

Case A—Sale of a sliced loaf of bread with mould growth.
Vendor warned by letter.

PART VII

SCHOOL HEALTH

"Children begin by loving their parents; as they grow older they judge them; sometimes they forgive them."

The Picture of Dorian Gray,
Oscar Fingal O'Flahertie Wills Wilde,
1856-1900.

The improvement in physique and high standards of health which have been the principal feature of recent reports on the Barnsley School Health Service continued to be maintained during 1963. The arrangements for inspection and for the remedy of defects operated in the smooth and efficient manner that has over the years come to be taken for granted. This, coupled with the improving physique of the average healthy child has enabled the staff to pay more attention to children suffering from defects and in particular to the handicapped child.

This improvement in health and physique of the average school child is interesting. It has been most marked since the end of World War II and now would appear for a time to have reached a level of stability. There is little doubt that school meals, new and more hygienic schools and the general upgrading of housing and many other environmental factors of the community as a whole; have all contributed to this. In addition the National Health Service has also made its contribution. School doctors now rarely find children at school with acute illnesses nor does the minor ailment clinic develop into a centre for the diagnosis of major illnesses during severe winter weather. The availability of a family doctor for everyone, including school children, has done a great deal to relieve the school medical officer of the responsibility of ensuring that adequate curative treatment is afforded to those cases of acute illness he detects in the course of his preventive examinations. Earlier in the development of the National Health Service difficulties and misunderstandings arose between family doctors and the School Health Service. Time and experience has largely ironed out these problems. The result of all this is that more and more of the defects recorded are those which are of a nature which can be dealt with by the authority's own arrangements.

Here it is necessary to divide defects into two categories—those which respond to remedial treatment and those which result in a permanent handicap. Co-operation between the National Health Service and the School Health Service deals effectively with those cases which respond to treatment. The health authority's service for the care of young children succeeds in detecting most of those defects which are likely to result in a severe handicap before children attain school age. Here again, exchange of information with the hospitals is of immense value and every effort must be made by the School Health Service to ensure that this is a two way traffic.

It is, of course, for the child with the permanent handicap that the School Health Service can offer most assistance to the parents and to the Education Authority. A medical assessment of the limitations which a handicap places on a child's abilities is essential in selecting a suitable school. Considered advice to parents can counteract the very natural desire to over protect the handicapped child. At the same time, a desire to simulate as nearly as possible and to associate with normal children can be implanted, thus avoiding the natural tendency towards a sheltered but isolated life.

It is also by reason of its special interest in the handicapped child that the School Health Service has the strongest claim for a place in the science of paediatrics. In Barnsley the consultants in the hospital service recognise this and as a result, discussions and consultations take place when problems arise in relation to individual children. This has proved to be of the greatest possible value in the interests of the children. It must be appreciated that such consultations depend on mutual confidence between consultant and school medical officer. They can therefore only take place where the consultants are satisfied that in relation to patients the school medical officer will observe, most strictly, the ethics of his profession. Any suggestion that administrative expediency might take precedence over the patient's needs would, of course, destroy such confidence. It is therefore the task of the school doctors to prevent such a suggestion from arising.

This task is not always an easy one having regard to the legal formulae and minutiae of procedure which must necessarily be encountered wherever medical and administrative services are brought together. Nevertheless, it is a worth while one.

School Medical Inspections were carried out as in the past and by reason of the medical staffing position it was possible to do more of these than in the previous year. Mention was made in last year's report of the thought being given to the finding of a better method of assessment of the health of the school child than the traditional form of medical inspection. This traditional method is being retained in Barnsley for the present although the feeling exists that it is now capable of improvement. The traditional method was introduced at a time when nutritional and physical standards were much lower than they are now. In addition there was no National Health Service to provide a family doctor for the ailing child. It would seem that there might perhaps be better ways of employing the resources of the School Health Service than examining large numbers of healthy children in arbitrary groups chosen on an age basis. Alternatives have been examined most carefully in Barnsley, but each and all of them would appear to have some serious disadvantage if they were to be applied locally. Consequently the search will be continued until a new method of medical supervision of school children without any serious drawback presents itself.

There is little to be added to the comment made on School Clinics in last year's report. Every effort is being made to use the opportunities they offer for health education and by co-operation with practitioners to make them complementary to the National Health Service. This has not always been easy. Nevertheless, it would

seem that attempts on the part of parents to play off the School Clinic and the family doctor one against the other are becoming noticeably fewer.

Again, uncleanliness has occupied a sizeable proportion of the school nurses time. Again the difficulty arises from a small nucleus of problem type families. The worst time for uncleanliness is always after School Holidays. The longer the holiday, the worse the problem. So long as these children from such families are at school the school nurses can keep them under observation and can deal with infestation as it arises. During the holidays when the children are at the mercy of parental apathy and indifference, the head louse has every opportunity to flourish and to spread to new and unsuspecting hosts.

The various specialist and ancillary arrangements which form so important a part of the School Health Service have operated most satisfactorily during the year. It will be observed that speech therapy, audiometry, child guidance, physiotherapy and ophthalmological examination and supervision are all readily available to the school medical officers who make full use of them.

The School Dental Service continued much as in the previous year. With one whole time and two part time dental officers it was possible to carry out some dental inspection in the schools but not nearly enough. It must be borne in mind that the proper establishment of dental officers for Barnsley is five. It would therefore be most improper to pretend that the present staff can do much more than deal with emergencies and carry out token inspections in a few schools. There are signs that the problems of the School Dental Service are receiving more attention at government level than in the past. It is to be hoped that this attention will result in that fresh stimulus to the service so much deserved by the few dedicated men who have stood by it through its lean years.

In making the customary comment on the relationships between the School Health Service and those two parts of the National Health Service which are not administered by the local authority, it is sufficient to say that as year succeeds its predecessor co-ordination and co-operation improve. The correlation between the hospital paediatric department and the School Health Service is entirely satisfactory and whilst with the general practitioners, after allowance has been made for doctors' traditional individualism, the position leaves little room indeed for improvement.

SCHOOL HYGIENE

The steady improvement in school hygiene continues in parallel with the development of the new housing estates and the clearance of the slum areas. Thus overcrowding is relieved in the older schools as the children from the re-housed families commence attendance at the new schools. It is not always easy to ensure that the correct number of school places in these new buildings keeps pace with the resettlement of the population, with the result that from time to time bottlenecks occur. Provided there is some elasticity in the Central Government decrees on expenditure on new schools these bottlenecks tend to be of short duration, and such overcrowding as may occur as a result of

them is of little importance. In any case overcrowding in new schools designed to conform to modern standards is not comparable as an evil to that which occurs in old schools which have outlived the standards to which they were built.

The practice whereby the Head Teacher and the School Medical Officer consult on problems of hygiene on the occasion of each medical inspection was continued and proved effective in dealing with day to day problems. Records of these discussions continued to be maintained.

MEDICAL INSPECTION

The total number of children examined at routine medical inspection was 4,517; of these 1,766 were born in 1956 or later and may be regarded as having been subject to entrant examinations. 693 more inspections were done than in 1962. Details of the age groups examined and the finding as to physical condition are set out in Table I of the appendix to this part of the report. A total of 7,884 special inspections including re-inspections was carried out, compared with 5,966 in 1962.

The vision of all pupils in the entrant groups is tested within one year of entry. Vision tests are repeated thereafter at two year intervals through the child's school life. Vision tests are carried out in the first instance by the school nurse. Tests for colour vision are carried out on both girls and boys by the School Medical Officers on all pupils over 14 years of age examined.

Audiometric testing is carried out by the Audiology Technician on all pupils within one year of entry to school.

FINDINGS OF MEDICAL INSPECTION

The statistical summary of the physical condition as assessed at medical inspection is shown in Table IA in the Appendix to this part of the report.

The findings in relation to physical condition continued the satisfactory trend which has now come to be taken for granted. Only 0.79 per cent. of the children inspected were classified as of unsatisfactory physical condition. Last year the figure was 0.62 and in 1961 0.1. Having regard to the factors involved this figure leaves very little room for improvement and confirms the remarks made elsewhere regarding the future activities of the School Health Service. The small fractional increase in the percentage over last year's figure is of no significance whatsoever.

The numbers of children found to require treatment show a slight increase over the previous year. Two factors contribute to this, firstly more children were inspected and in addition to this a higher proportion of those inspected were in the "entrant" age group where more defects are normally found. This increase is, therefore, of no importance and is indeed having regard to the circumstances extremely small. The total individual pupils requiring treatment amounted to 500 compared with 411 in 1962.

Uncleanliness

The number of individual children found to be infested with vermin was 609 compared with 957 last year. The number of inspections carried out was 29,806 or 4,592 fewer. It should be appreciated that the decrease in the number of children found infested does not arise from the fact that fewer inspections were done—in fact the position is rather the reverse. Where a group of cases of infestation occur in a large school, the repeated inspections necessary for supervision readily increases the overall number of inspections done. It will also be noted that 66 cleansing notices were issued in 1963 compared with 57 in the previous year, and cleansing orders were made in 13 cases. There is no doubt that this vigorous action has not been without its effect.

Eye Defects

The number of children requiring treatment for defective vision (excluding squint) was 196 as compared with 194 in the previous year and 337 in 1961.

Squint called for reference for treatment in a total of 7 cases—this compares with 5 cases in 1962. Other eye conditions accounted for a total of 3 cases requiring treatment—in 1962 the number was also 3.

Reference to Table II A shows the figures set out as to whether defects were present in "entrants", "leavers" or others.

Ear, Nose and Throat Defects

Reference to Tables II A and B will show that 25 children were referred for treatment on account of defective hearing—this figure compares with 35 children reported in 1962. Otitis Media shows an increase of 22 cases. Nose and throat defects with a total of 97 requiring treatment compare with 63 detected in 1962. The increases here are accounted for by the high proportion of "entrants" examined.

Orthopaedic and other Defects

A detailed analysis of all defects and the action taken regarding them is shown in Tables II and III in the Appendix to this part. In no case are the figures unusual or excessive in relation to the numbers of children inspected in the various groups.

Arrangements for Treatment in 1963

Consultation Services

Medical Services Clinic, New Street, Barnsley

Ear, Nose and Throat Clinic

Tuesday	....	....	....	....	....	2.30 p.m.—4.30 p.m.
Wednesday	....	....	....	....	....	9.30 a.m.—12.00 noon
Thursday	....	....	....	....	....	9.30 a.m.—12.00 noon

Eye Clinic

Monday	....	....	....	....	....	9.30 a.m.—12.00 noon
Thursday	....	....	....	....	....	2.00 p.m.—4.00 p.m.

Orthopaedic

Monthly—(first Friday in the month).

School Medical Officers' Consultation Clinics

Wednesday	....	....	....	....	....	9.30 a.m.—12.00 noon
Saturday	....	....	....	....	....	10.00 a.m.—12.00 noon

Dental Clinics

New Street—Mondays, Tuesdays, Wednesdays and Thursday morning.

Athersley—Tuesdays, Wednesday afternoon, Thursdays and Fridays.
Dental (Orthodontics)

Wednesdays—Athersley 9.00 a.m.—12.00 noon
—New Street 2.00 p.m.— 5.30 p.m.

Minor Ailments Clinics

Barnsley—Medical Services Clinic, New Street

Monday—Saturday 9.00 a.m.—11.30 a.m.

Athersley—The Clinic, Laithes Lane

Monday 9.30 a.m.

Ardsley—Hunningley Villa, Hunningley Lane, Stairfoot
Monday 9.30 a.m.*

Carlton—Old Highways Depot, Spring Lane
Thursday 10.00 a.m.*

Lundwood—The Clinic, Pontefract Road

Monday 9.30 a.m.

Monk Bretton—The Clinic, High Street

Friday 10.00 a.m.*

Ultra-Violet Light Clinics

By appointment with the physiotherapist—New Street.

Speech Therapy

By appointment with the speech therapist—cases seen at New Street, Athersley and Lundwood Clinics.

Audiometric Testing

New Street Clinic—by appointment.

Physiotherapy

New Street Clinic—by appointment.

*in conjunction with Infant Welfare Clinics

Nutrition and School Meals

In the reports for the past few years the only comment that has been called for as regards nutrition has been that which refers to malnutrition in the sense of overfeeding, particularly with carbohydrate foods. This only occurs in a small number of cases and produces obese flabby children referred to classically as "Billy Bunters". There are not many of them in Barnsley but present-day parental indulgence of children's wishes suggests that repeated warnings regarding eating between meals are necessary if these numbers are not to be increased.

The ideal regime for the school child is surely a cooked breakfast with a reasonable protein content—egg, with or without bacon, sausage, or other meat, or alternatively, fish. A school meal in the middle of the day and a meal at night, part of which comprises some form of protein. If something must be taken in the middle of the morning, there is school milk or perhaps an apple. The only possible time for eating confectionery or other sweet foods is after one or other of the main meals of the day.

That the school meal service has perhaps more than any other single factor contributed to the disappearance of malnutrition in Great Britain is now often forgotten. It must be emphasised that this has been achieved in the past notably by providing a properly balanced diet of good quality food but also by teaching children to accept such a diet. In this way it has gone a long way to educate the population in wise eating habits, a most essential factor in promoting a well nourished community.

It would appear that these points have been reiterated in these reports so many times over the past fourteen or fifteen years that little further comment on the subject can profitably be made at present.

School Meals

	1962	1963
Provided free	190,158	210,815
Provided at $\frac{1}{2}$ of full charge	114	497
Provided at full charge	1,096,165	1,093,815

2,046, 757 bottles of milk were supplied to children in schools.

The decrease of 2,356 meals at full cost when compared with the previous year is of little significance. It is, however, gratifying to note that the increase in free meals more than balance this. This increase is in the place where it will be most effective.

Uncleanliness

Arrangements for the treatment of cases of uncleanliness continue as before. Cleansing and disinfecting facilities exist at New Street Clinic and are available for use at the parents' request. They are also used by the school nurses when statutory action under the Education Act, 1944, S.54(5) becomes necessary.

Minor Ailments

Reference to the Clinic Time Tables shows that the existing arrangements were continued during 1963.

Eye Diseases—Defective Vision and Squint

The highly satisfactory arrangements described in previous reports continue. A stable arrangement with the Sheffield Regional Hospital Board has allowed an increasing number of children to receive attention for eye defects.

The Consultant Clinic was held twice weekly at the New Street premises by Dr. Kamaluddin, the Ophthalmologist S.H.M.O. appointed by the Sheffield Regional Hospital Board. The figures for the cases dealt with by him are shown in the Appendix to this report. Table III.

Ear, Nose and Throat Defects

Mr. Rowe, Consultant Ear, Nose and Throat Surgeon to the Barnsley Hospital Group continues to conduct two consulting sessions per week at the New Street Clinic. Examination of the number of cases treated shows an appreciable increase over the previous year. Table III.

Audiometric Testing

The health authority's Audiology Technician who carries out the audiometric testing of school children undertook the following work during the year.

(a) Tests undertaken at New Street Clinic 748

These were carried out on children referred by the Ear, Nose and Throat Consultant, school medical inspection, occasionally by the Speech Therapist, and as retest from school sweeps.

(b) School Sweep Testing :

Number of children tested on school premises 2.632

Orthopaedic and Postural Defects

The existing arrangements for orthopaedic examination and treatment have been continued throughout the year.

The Orthopaedic Surgeon held sessions at New Street Clinic on 11 occasions and at these he saw 67 new cases and carried out 110 re-examinations.

The work done by the Physiotherapist in the School Health Service is as follows :

Treatment for postural and other defects

Number of patients treated 27

Number of attendances made 357

Mount Vernon School

Number of visits 37

Number of treatments 250

Children requiring surgical appliances have continued to obtain these through the Beckett Hospital, Barnsley (see Appendix Tables IIIC and V).

Child Guidance

Development of the Child Guidance Service continues along the lines outlined in previous reports. Particular efforts were made to co-ordinate certain aspects of the work of this service with the mental health work of the health authority by the attendance of mental health officers at the Child Guidance Centre. Mention of this has already been made in the appropriate part of the report.

The annual report of the Consultant Child Psychiatrist, Dr. J. D. Orme, who is appointed by the Sheffield Regional Hospital Board and who carries out three sessions per week on the education authority's premises is as follows :

"The work of the psychiatrist during 1963 has continued along the same lines as in previous years and there are few changes to report.

"Before the return of the Educational Psychologist, problems were occasionally referred direct by the Heads of schools, but more recently there has been an increase in the number of cases referred through Mr. Young. This has been offset by a decrease in referrals from the school medical officers and general practitioners so that the total of new cases is less than before. This is reflected in the reduction of the waiting list.

"Time has been spent in prolonged psychotherapy of various difficult cases—in some cases the emphasis is on treatment of the child, in others treatment is with the parents. With adolescents it is often difficult to gain their co-operation and understanding, so to make

progress with boys, a form of group therapy has been started. This has been helped by the acquisition of work benches and materials so that model making and other craft activities can be carried on while there is discussion of difficulties and behaviour at the same time. This has been greatly helped by supervision and stimulation from Mr. Douglas of the Mental Health Department. With several boys the development of an understanding and accepting relationship has enabled them to resolve their difficulties and learn to behave in more socially acceptable ways.

"Three boys and one girl have been away for the whole or part of the year at schools for maladjusted children. There has been great difficulty in finding places for such children because there are so few schools. It is hoped that this situation will improve in the future as such schools are very useful. For example, one boy who was extremely violent and seemed set on a career of crime has been at the William Henry Smith School, near Brighouse, and is doing extremely well, not having been in further trouble outside the school since his admission. Although he has tried the patience of the staff to the utmost, he is now learning to react less violently to the normal restrictions of social behaviour. Advice has also been given on behaviour of various boys at residential schools for E.S.N. pupils."

New cases seen in 1963 .....	.....	.....	.....	.....	.....	.....	40
Waiting list at 1st January, 1963 .....	.....	.....	.....	.....	.....	.....	7
Waiting list at 31st December, 1963 .....	.....	.....	.....	.....	.....	.....	4
Total cases treated .....	.....	.....	.....	.....	.....	.....	125

Speech Therapy

Throughout 1963 the Barnsley School Health Service continued to provide speech therapy.

The figures for Speech Therapy are as follows :

Number of school children attending for treatment .....	.....	.....	.....	.....	.....	74
Number of school children attending for observation .....	.....	.....	.....	.....	.....	105
Number of attendances made by school children for observation and/or treatment .....	.....	.....	.....	.....	.....	1,582
Number of school children discharged during the year .....	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	85
Number of visits made to school premises .....	.....	.....	.....	.....	.....	70

Ultra-Violet Light Therapy

Ultra-Violet Light Therapy was carried out by the Physiotherapist : Treatment done at New Street Clinic :

Number of children treated .....	.....	.....	.....	.....	.....	8
Number of attendances made .....	.....	.....	.....	.....	.....	113

Treatment done at Mount Vernon School, Barnsley—

(by nurse in charge)

Number of children treated .....	.....	.....	.....	.....	.....	46
Number of attendances made .....	.....	.....	.....	.....	.....	255
Total number of children treated .....	.....	.....	.....	.....	.....	54
Total number of attendances made .....	.....	.....	.....	.....	.....	368

Once again full use of Ultra-Violet Light was made in the diagnosis of ringworm. In this sphere it remains the most useful weapon in the control of the spread of fungus infections.

MOUNT VERNON SCHOOL

Mount Vernon School, formerly Mount Vernon Open Air School, caters as a special school for delicate and physically handicapped children.

Originally as an open air school its principal function was to provide surroundings in which undernourished children might, through good feeding and hygiene build up a resistance to the then prevalent infections and other results of malnutrition. During the years since the second world war, school meals, slum clearance, modern schools, more general prosperity and various social services have made the undernourished child a clinical rarity. There are, of course, still the children of problem families and those with mothers of low intelligence whose physique suffers from their parents' apathy or their intellectual inability to provide for their welfare. In such cases the Mount Vernon School can ensure that they receive more food and regular meals and a closer supervision of general physical development than is possible at an ordinary school. Such cases are fortunately few.

The school is most valuable as an assessment centre for children who suffer from physically handicapping defects and for children who are recovering from illnesses. The special facilities available—a school nurse always in attendance, physiotherapy regularly available and the special feeding arrangements, as well as close medical supervision—provide suitable conditions for the observations necessary to decide whether the patient will ultimately be able to go to an ordinary school.

The period for assessment is useful in itself in the case of children who are recovering from major illnesses. The regime at Mount Vernon and the almost individual attention which the children receive provides a graduated transition from education in hospital to ordinary school. Whilst those whose handicaps are permanent are given the opportunity of mixing with children with disabilities differing from their own and with some with little disability at all, this often improves self confidence and can even, in some cases, decide the issue in favour of an ordinary school in Barnsley instead of a special residential school.

As every effort must be made to ensure that where possible children remain within their own family circle, Mount Vernon is performing a most valuable function in this direction.

The change of name of the school would appear to have dispelled at last the myth that all children in attendance there are suspected of pulmonary tuberculosis.

SCHOOL DENTAL SERVICE

The following report has been received from the authority's Orthodontist :—

Resumption of routine school inspection was again possible in 1963, and, with the prospect of more staff and more clinics being equipped, the outlook for the School Service is brighter than it has been for some time. However the six monthly routine inspection is still far from being an accomplished fact.

A comparison of treatment provided over the past few years is always an interesting pointer to the trend of School Dentistry:—

TYPE OF OPERATION	1960	1961	1962	1963
Fillings: Permanent Teeth	856	1540	2354	2664
Extractions: Permanent Teeth	299	391	735	579
Fillings: Deciduous Teeth	37	43	297	405
Extractions: Deciduous Teeth	592	1311	1909	1667

Once again it may be said that the accent is on prevention rather than cure in the case of the permanent teeth, but the extraction of deciduous teeth is still on the high side as one would expect from the high incidence of oral sepsis found at routine school examinations.

The demand for orthodontic treatment continues and there is no significant change in the volume of treatment provided by the Consultant Orthodontist.

It is not proposed to set the Dental world arights in this year's report. The work of the School Dental Officer is far from spectacular: routine inspection and treatment continues to be given by a small band of dedicated men, and the only tribute to their good work is in the record of work done during the year.

Statistics are to be found in Table IV in the Appendix of the report.

HANDICAPPED PUPILS

Children to a total of 62 were ascertained during the year as belonging to one or other of the categories of handicapped pupils requiring education at special schools approved under Section 9(5) of the Education Act, 1944 or boarding in boarding homes.

Blind Children

No child was assessed as blind during the year. One child was found to be partially sighted. Three blind and three partially sighted pupils were receiving special education at the end of the year.

Deaf and Partial Hearing Children

No child was assessed as deaf but one was assessed as partially hearing. Twelve deaf and three children with partial hearing were receiving education in special schools. Six children were in attendance at the authority's Partial Hearing Unit at Burton Road Primary School, Barnsley.

Physically Handicapped Children

Five children were assessed as physically handicapped during the year and five were placed in special schools.

Delicate Children

Twenty children were ascertained as delicate during the year. All were provided with special education. Eight children were receiving education in hospital.

Maladjusted and Educationally Subnormal Children

One child was assessed as maladjusted and 34 children as educationally subnormal. One maladjusted child and 43 educationally subnormal children were receiving special education under arrangements made by the authority.

Epileptic Pupils

No pupils were newly ascertained as requiring special education by reason of epilepsy. Four epileptic pupils were receiving special education under arrangements made by the authority.

Children Unsuitable for Education at School

Four children were found to be unsuitable for education in school in accordance with the provisions of S.57(4) of the Education Act 1944. Table VII in the appendix to this part of the report records statistically in the form required by the Minister of Education information regarding the authority's work amongst the handicapped pupils during the year.

52 visits were made by the female Mental Welfare Officer to handicapped children during the year.

Special Investigation—Verruca Plantaris

The special investigation into Verruca Plantaris which was described in last year's report was continued during 1963.

As the treatments and investigation has gone on for the past three years, a summary of the findings is as follows:—

Children treated in 1961 . . .	Boys — 65	
	Girls — 100	
		—
		165
Children treated in 1962 . . .	Boys — 89	
	Girls — 117	
		—
		206
Children treated in 1963 . . .	Boys — 65	
	Girls — 98	
		—
		163

The predominant group was in every year females:—

Proportion treated in 1961 — Girls 60.6% Boys 39.3%

Proportion treated in 1962 — Girls 56.8% Boys 43.2%

Proportion treated in 1963 — Girls 60.0% Boys 39.0%

In 1961 the most predominant age group treated was 13 years both for boys and girls. In 1962 it was girls aged 12 years, boys

aged 11 years and this was also the case for 1963. It is of interest to note that the proportion of children treated of the total, in attendance at secondary schools was:

1961—83% 1962—79% 1963—53%

Not all cases treated attended swimming baths but of those who did take part in this activity

in 1961, 53.3% attended Public Baths and 38.1% Raley Baths

in 1962, 37.3% attended Public Baths and 43.6% Raley Baths

in 1963, 46.0% attended Public Baths and 25.0% Raley Baths

It would seem that from the above trend the children who may be considered at risk are:

1. Females 12 to 13 years.
2. Attending Secondary Schools.
3. Taking part in barefoot activities.
4. Attending baths.
5. A combination of activities (barefoot physical education and attendance at baths).

Raley County Secondary School has again produced the highest proportion of attenders at this clinic. Of the total attendance in 1961, 27%

1962, 29%

1963, 17% were from Raley.

INFECTIOUS DISEASES

Full details of the occurrence of infectious diseases in the County Borough are given in the part of this report which is devoted to Epidemiology. The figures relating to the incidence of infectious diseases notified as occurring in children of school age during 1963 are as follows:

Disease	No. Notified
Scarlet Fever	35
Measles	166
Whooping Cough	11
Pneumonia	13
Meningococcal Infection	2
Dysentery	93
Food Poisoning	3
	323

Immunisation against Diphtheria

During the year 148 children of school age received a primary course of injections of anti-diphtheria antigen. 782 received reinforcing or booster doses.

Prevention of Tuberculosis

Jelly Testing

The routine Jelly Testing of entrants to Infants Schools was discontinued.

B.C.G. Vaccinations

During the year, letter/consent forms were sent to all Secondary Modern Schools inviting participation in the scheme for vaccinating children born in the year 1950 against tuberculosis.

The parents of 37% of the children born in 1950 consented, that is to say for 448 children. Preliminary patch tests were applied and of the 448, 21 were found to have a positive result and were referred for further investigation. The 427 children having a negative result were vaccinated. Schools visited and numbers vaccinated per school are shown below:

School	Number
Barnsley Central	18
Broadway Technical Grammar	81
Grove Street County Secondary	19
Holgate Grammar	38
Littleworth County Secondary	36
Edward Sheerien County Secondary	95
Longear Central	36
Racecommon Road Secondary Boys'	17
Racecommon Road Secondary Girls	14
Raley County Secondary	24
Oaks County Secondary	25
St. Michael's R.C. Secondary	24
	427

School Nursing

School nursing is carried out by all members of the Health Visiting Service who are also appointed as school nurses. In addition a State Registered Nurse is employed whole-time on the care of children who are in attendance at the Mount Vernon School.

The Scout Dyke Camp and Strines Youth Hostel were visited twice weekly by school nurses between 23rd April and 18th July, 1963—a total of 24 visits.

Nursing staff carried out home visits in the follow-up of defects amongst school children as follows:

Defective vision and eye diseases	1,077
Ear disease	35
Tonsils and Adenoids	32
Unclean heads	369
Immunisation	77
Scabies	29
Other skin diseases	70
Miscellaneous	452
	2,141

RECIPROCITY WITH OTHER AUTHORITIES

The result of medical inspection by medical officers of the Barnsley Education Authority of pupils domiciled in the West Riding of Yorkshire who attend schools in the County Borough are shown in the Appendix, Table VIII. The results of medical inspection of pupils domiciled in Barnsley by school medical officers of the West Riding County Council Area (Division 25) are shown in the Appendix, Table IX.

PHYSICAL EDUCATION — SWIMMING

Totals for Winter and Summer Swimming (September 1962 to August 1963) at the Raley and Corporation Baths:

	Winter Sept., 1962— March, 1963	Summer April to July, 1963
Number of children sent to baths	3,613	3,690
Total number of attendances made	53,566	23,101
Number of children who could swim at least 10 yds. at the end of the session	2,068	2,374
Number of children who gained Education Committee Certificates—		
1st Class	6	—
2nd Class	58	33
3rd Class	736	292
Number of Royal Life Saving Certificates—		
Elementary	27	16
Intermediate	26	15
Bronze Medallion	26	15
Bronze Bar	4	1
Bronze Cross	4	10
Bar to Bronze Cross	—	1
Award of Merit	1	—
Total number of individual children sent to baths in 12 months ended August, 1963		4,169

PART VII — STATISTICAL APPENDIX

TABLE I

MEDICAL INSPECTION AND TREATMENT

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

A.—Periodic Medical Inspections

Age Groups inspected (by year of birth)	No. of Pupils	Physical condition of pupils inspected			Pupils found to require treatment (excluding dental diseases and infestation with vermin)			Total Individual Pupils
		SATISFACTORY		UNSATISFACTORY	For any other condition recorded at Part II	(9)		
		No.	% of Col. 2	No.	(8)	(9)		
1959 and later . . .	(2)	(3)	(4)	(5)	(7)	(8)	20 64 98 60 46 37 26 28 30 22 11 58	
1958	107	102	95.32	5	3	19		
1957	408	405	99.26	3	13	60		
1956	686	680	99.12	6	37	72		
1955	565	557	98.58	8	19	46		
1954	437	434	99.31	3	11	37		
1953	332	330	99.39	2	15	23		
1952	244	243	99.59	1	40	14		
1951	279	277	99.28	2	12	17		
1950	329	328	99.69	1	13	20		
1949	167	166	99.40	1	0.30	10		
1948 and earlier . .	174	173	99.43	1	0.59	12		
	789	786	99.61	3	0.38	3		
TOTAL	4517	4481	99.20	36	0.79	196	340	500

B.—Other Inspections

Number of Special Inspections	2,253
Number of Re-inspections	5,631
	7,884

C.—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	29,806
(b) Total number of individual pupils found to be infested	609
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54. (2) Education Act, 1944)	66
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54. (3) Education Act, 1944)	13

TABLE II
DEFECTS FOUND BY MEDICAL INSPECTION
DURING THE YEAR

A.—**Periodic Inspections** T (Treatment) O (Observation)

Defect or Disease (2)		Periodic Inspections				Total
		Entrants	Leavers	Others		
Skin	T.	15	7	4		26
	O.	3	—	—		3
Eyes:—						
(a) Vision	T.	102	47	47		196
	O.	48	7	34		89
(b) Squint	T.	6	—	1		7
	O.	1	—	—		1
(c) Other	T.	2	—	1		3
	O.	4	—	—		4
Ears:—						
(a) Hearing	T.	11	3	11		25
	O.	7	—	—		7
(b) Otitis Media	T.	41	4	11		56
	O.	4	—	1		5
(c) Other	T.	1	—	3		4
	O.	—	—	1		1
Nose and Throat	T.	70	3	24		97
	O.	38	1	8		47
Speech	T.	11	—	1		12
	O.	6	—	1		7
Lymphatic Glands	T.	3	—	4		7
	O.	12	—	1		13
Heart	T.	1	—	1		2
	O.	4	—	1		5
Lungs	T.	8	—	1		9
	O.	12	—	—		12
Developmental:—						
(a) Hernia	T.	1	—	—		1
	O.	—	—	—		—
(b) Other	T.	3	—	—		3
	O.	5	—	1		6
Orthopaedic:—						
(a) Posture	T.	14	1	5		20
	O.	5	1	3		9
(b) Feet	T.	27	1	16		44
	O.	12	—	2		14
(c) Other	T.	3	—	2		5
	O.	4	1	3		8
Nervous System:—						
(a) Epilepsy	T.	—	—	—		—
	O.	—	—	—		—
(b) Other	T.	6	—	2		8
	O.	11	1	6		18
Psychological:—						
(a) Development	T.	1	—	1		1
	O.	5	—	—		5

TABLE II—continued

B.—Special Inspections

Defect or Disease (2)	Special Inspections	
	Pupils requiring Treatment (3)	Pupils requiring Observation (4)
Skin	7	—
Eyes :—		
(a) Vision	8	2
(b) Squint	1	—
(c) Other	2	—
Ears :—		
(a) Hearing	6	1
(b) Otitis Media	—	1
(c) Other	1	1
Nose and Throat	12	4
Speech	3	—
Lymphatic Glands	—	—
Heart	—	—
Lungs	—	2
Developmental :—		
(a) Hernia	—	1
(b) Other	—	—
Orthopaedic :—		
(a) Posture	1	—
(b) Feet	9	3
(c) Other	2	—
Nervous System :—		
(a) Epilepsy	—	1
(b) Other	2	4
Psychological :—		
(a) Development	—	1
(b) Stability	1	1
Abdomen	—	—
Other	6	3

TABLE III
**TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS**
 (Including Nursery and Special Schools)

A. Diseases of the eye, Defective vision and squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	76
Errors of refraction (including squint)	1,739
Total	1,815
Number of pupils for whom spectacles were prescribed	910

B. Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment :	
(a) for diseases of the ear	6
(b) for adenoids and chronic tonsilitis	90
(c) for other nose and throat conditions	34
Received other forms of treatment	<u>1,119</u>
Total	<u>1,249</u>

Total number of pupils in schools who are known to have been provided with hearing aids :

(a) In 1963	7
(b) In previous years	60

C. Orthopaedic and Postural Defects

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments	94
(b) Pupils treated at school for postural defects	8
Total	<u>102</u>

D. Diseases of the Skin

	Number of cases known to have been dealt with
Ringworm :	
(a) Scalp	—
(b) Body	—
Scabies	34
Impetigo	95
Other skin diseases	404
Total	<u>533</u>

E. Child Guidance Treatment

	Number of cases known to have been dealt with
Pupils treated at Child Guidance Centre	<u>121</u>

F. Speech Therapy

	Number of cases known to have been dealt with
Pupils treated by Speech Therapist	<u>74</u>

G. Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	572
(b) Pupils who received convalescent treatment under School Health Service arrangements	1
(c) Pupils who received B.C.G. Vaccination	427
(d) Other than (a), (b) and (c) above : Pupils who have received Ultra Violet Light Treatment	54
Total	<hr/> 1,054

TABLE IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY AUTHORITY

Number of pupils inspected by authority's Dental Officers:

Number found to require treatment 2,033

Number offered treatment 2,010

Number actually treated 1,624

Number of attendances made by pupils 5,160

Half-days devoted to:

Inspections	....	....	....	....	....	....	....	....	....	....	....	....	9
Treatments	....	....	....	....	....	....	....	....	....	....	....	....	729
													<hr/>	
												Total	738

Fillings :

Permanent teeth	....	....	....	....	....	....	....	....	....	....	2,664
Temporary teeth	....	....	....	....	....	....	....	....	....	....	420
										Total	3,084

No. of teeth filled:

Extractions:

Extractions : Permanent teeth 579
Temporary teeth 1,667
Total 2,246

Number of half-days devoted to the administration of general anaesthetics by :

(a) Dentists	34
(b) Medical Practitioners	
	Total 34

Other operations :

(a) Crowns	14
(b) Inlays	5
(c) Other treatment	1,954
	Total 1,973

Orthodontics :

Number of attendances made by pupils	488
Half-days devoted to orthodontic treatment	46
Cases commenced during the year	36
Cases brought forward from previous year	42
Cases completed during the year	28
Cases discontinued during the year	7
Number of pupils treated by means of appliances	35
Number of removable appliances fitted	54
Number of fixed appliances fitted	
Cases referred to hospital orthodontics	

TABLE V

ORTHOPAEDIC CLINIC

Visits of Orthopaedic Surgeon	11 sessions
Patients seen. New Cases	67
Other attendances/re-examinations	110

Work of Physiotherapist :

(1) Mount Vernon School :	
Number of visits	37
Number of new patients	8
Number of treatments	250
(2) Medical Services Clinic, New Street :	
Treatment for Postural and other defects :	
Number of patients treated	27
Number of attendances made	357

Note :— Children requiring surgical appliances have continued to obtain these at the Beckett Hospital, Barnsley.

TABLE VI
MOUNT VERNON SCHOOL
Statistical Summary of Children in Attendance during 1963

Medical Category	Number in school 1st Jan. 63	Number admitted in 1963	Number discharged in 1963	Number remaining in school 31.12.63
Delicate Pupils	14	12	7	19
Respiratory Diseases				
Asthma	4	1	1	4
Bronchiectasis	4	—	2	2
Chronic Bronchitis	4	6	1	9
Bronchiolitis	1	—	—	1
Fibro-cystic disease of the Lungs	1	—	—	1
Chronic sinus infection	1	—	—	1
Non-respiratory				
Tuberculosis	1	1	1	1
Eczema	1	—	—	1
Orthopaedic disorders	3	1	2	2
Congenital deformities	3	—	1	2
Congenital Heart Disease	2	1	2	1
Post Poliomyelitis	2	1	1	2
Emotional Instability	3	—	3	—
Cerebral Palsy	2	—	1	1
Muscular Dystrophy	1	—	—	1
Partial Deafness	2	—	—	2
Epilepsy:				
Petit Mal	1	—	—	1
Speech Handicap	2	2	—	4
Scleroderma	1	—	1	—
Dermatomyositis	—	1	—	1
Psoriasis	—	1	—	1
Rheumatic Chorea	1	—	—	1
E.S.N.	1	—	1	—
Totals	55	27	24	58

TABLE VII
Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes

		1. Blind	2. Partially sighted	3. Deaf	4. Partially deaf	5. Physically Handicapped	6. Delicate	7. Maladjusted	8. E.S.N.	9. Epileptic	Total Columns 1 - 10 (11)
During the Calendar Year ended 31st December, 1963		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
A	Handicapped pupils newly assessed as needing special educational treatment at special schools or in boarding homes	—	1	—	1	5	20	1	34	—	—
B	(i) Children included at A, newly placed in special schools (other than hospital special schools) or boarding homes	—	—	—	1	5	20	—	28	—	54
	(ii) of the children assessed prior to 1st January 1963 newly placed in special schools (other than hospital special schools) or boarding homes	—	—	—	—	—	—	2	1	15	—
		—	—	—	—	—	—	—	—	—	18
	Total B(i) and (ii)	—	—	—	1	5	22	1	43	—	—
C	Number of handicapped pupils who:										
	(i) were requiring places in special schools—total—										
	(a) day	—	—	—	—	—	—	1	—	1	—
	(b) boarding	—	—	—	—	—	—	—	2	2	—
	(ii) included at (i) had not reached the age of 5 and were waiting	—	1	—	—	—	—	—	—	—	6
	(a) day places	—	—	—	—	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—	—	—	—	—
	(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting—	—	—	—	—	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—	—	—	—	—

Table VII—continued

1. Blind	2. Partially sighted	3. Deaf	4. Partially deaf	5. Physically Handicapped	6. Delicate	7. Maladjusted	8. E.S.S.N.	9. Epileptic	10. Speech Defects	Total Columns 1 - 10.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D (i) were on the registers of										
(1) maintained special schools as—										
(a) day pupils			—	2	16	33	—	1	4	147
(b) boarding pupils			—	1	2	—	—	—	—	8
(2) non-maintained special schools as—										
(a) day pupils			—	—	—	—	—	—	—	—
(b) boarding pupils			—	12	6	—	2	—	—	25
Total	1	3	12	3	24	33	2	96	2	4
(ii) were on the registers of independent schools under arrangements made by the Authority										
2	—	—	—	1	—	—	2	—	—	5
Total (D(i) and D(ii))	3	3	12	3	25	33	2	98	2	4
(iii) were boarded in homes and not already included under (i) and (ii) above	—	—	—	—	—	1	—	—	—	1
Total (D(i), (ii) and (iii))	3	3	12	3	25	33	3	98	2	4

E Number of handicapped pupils (irrespective of the areas to which they belong) who were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944

- (i) in hospitals
- (ii) in other groups (e.g. units for spastics, convalescent homes)
- (iii) at home

(i) Number of children subject of new decisions recorded under Section 57(4) of the Education Act, 1944 4

TABLE VIII

West Riding Pupils attending Barnsley Schools examined by the Barnsley School Medical Officers during the year 1963

I.A Periodic Medical Inspections

Age Groups Inspected (by year of birth)	Number of Pupils Inspected	Physical condition of pupils inspected		Unsatisfactory	
		Satisfactory No.	%	No.	%
1956	1	1	100	—	—
1952	7	7	100	—	—
1951	14	14	100	—	—
1950	8	8	100	—	—
1949	1	1	100	—	—
1948 and earlier .	96	92	95.8	4	4.1
Total .	127	123	96.8	4	3.1

I.B Pupils found to require treatment

Age Groups Inspected (by year of birth)	For defective Vision (excluding squint)	For any other conditions	Total Individual Pupils	
			Individual	Pupils
1956	—	—	—	—
1952	—	—	—	—
1951	—	3	—	2
1950	—	—	—	—
1949	—	—	—	—
1948 and earlier .	7	—	—	7
Total .	7	3	—	9

II.A Defects found by Medical Inspections

Defect	Entrants		Periodic Inspections		Leavers		Others		Total	
	T	O	T	O	T	O	T	O	T	O
Eyes—vision	—	2	7	—	—	—	—	—	7	2
Hearing	1	—	—	—	—	—	—	—	1	—
Nose and Throat	1	—	—	—	—	—	—	—	1	—
Lymphatic Glands	1	—	—	—	—	—	—	—	1	—

T—defect referred for treatment. O—defect referred for observation.

The Pupils were examined at—

St. Michael's R.C. Secondary Modern School	28
Barnsley and District Holgate Grammar School	93
Springwood Special School	6
Total	127

TABLE IX

Barnsley County Borough Pupils attending Barnsley High School and examined by the West Riding School Medical Officer during the year 1963

	Year of Birth									Specials	Re-exams
	1944	1945	1946	1947	1948	1949	1950	1951	1952		
No. of Pupils inspected	1	13	39	44	6	18	1	22	39	36	34
General condition of Total Pupils inspected											
No. Satisfactory	1	13	39	44	6	18	1	22	39		
No. Unsatisfactory	—	—	—	—	—	—	—	—	—		
No. of Individual Pupils found at Periodic Medical Inspection to require treatment											
(a) for defective vision (excluding squint)				1			1			1	
(b) for any other condition recorded below					3						
(c) Total individual pupils			1	3			1			1	

T—Treatment. O—Observation.

TABLE OF DEFECTS FOUND

	Periodic Inspections								Specials	
	Entrants		Leavers		Others		Total			
	T	O	T	O	T	O	T	O	T	O
Skin							1		1	1
Eyes—										
(a) Vision					12	4	48		4	
(b) Squint							1			
(c) Other										
Ears—										
(a) Hearing							1			3
(b) Otitis Media										
(c) Other										
Nose or Throat							1		3	2
Speech										5
Lymphatic Glands										
Heart and Circulation							1	2		1
Lungs								4		
Developmental—										
(a) Hernia							1		1	1
(b) Other								1		
Orthopaedic										1
(a) Posture									1	1
(b) Feet								3		
(c) Other										
Nervous System—										
(a) Epilepsy							2			
(b) Other								2		
Psychological										
(a) Development										
(b) Stability										
Abdomen							1	2	7	
Other Defects										10

HEALTH COMMITTEE (as at 31/12/63)

Chairman : Councillor W. Wagstaff

Vice-Chairman : Councillor F. Kaye

The Worshipful the Mayor : Alderman T. R. Brown, B.E.M., J.P.

Alderman L. Briggs	Councillor A. Butler
Alderman G. Skelly	Councillor W. Gillott
Alderman G. Whyke	Councillor W. R. Gundry
Councillor Mrs. E. B. Blackburne	Councillor A. Lowery
Councillor Mrs. M. Brannan	Councillor W. Martin-Chambers
Councillor Miss M. Ryan	Councillor G. Moore
Councillor W. E. Blackburne	Councillor R. Firth

Co-opted Members :

Dr. S. Curry Dr. G. H. Bond

SANITARY COMMITTEE

(as at 31/12/63)

Chairman : Alderman G. Burkinshaw

Vice-Chairman : Councillor G. Moore

The Worshipful the Mayor : Alderman T. R. Brown, B.E.M., J.P.

Alderman L. Briggs	Councillor J. H. Dossett
Alderman J. H. Foster	Councillor W. Gillott
Alderman S. Jubb	Councillor W. Hunt, J.P.
Alderman G. Skelly	Councillor F. Kaye
Alderman G. Whyke	Councillor W. Martin-Chambers
Councillor Miss M. Ryan	Councillor R. Skelly
Councillor W. E. Blackburne	Councillor H. Thwaites

EDUCATION COMMITTEE

(as at 31/12/63)

Chairman : Alderman A. E. McVie, J.P.

Vice-Chairman : Councillor Mrs. M. Brannan

The Worshipful the Mayor : Alderman T. R. Brown, B.E.M., J.P.

Alderman C. Bentley	Councillor J. A. Halton, M.M.
Alderman L. Briggs, J.P.	Councillor T. Hinchcliffe
Alderman H. Dancer, J.P.	Councillor F. Lockwood
Councillor Miss M. Ryan	Councillor F. Lunn
Councillor H. Burgin, M.B.E.	Councillor R. Skelly
Councillor A. Butler	Councillor S. Trueman
Councillor F. B. Crow	Councillor R. Varley
Councillor J. L. Hammill	Councillor J. Wood, B.E.M.
Councillor W. R. Gundry	

Co-opted Members :

Miss E. Hepworth Very Rev. Canon C. O'Flaherty
Mr. W. H. Bedford Rev. Canon A. P. Morley, M.A.
Mr. G. E. Green Rev. J. W. Thompson, B.A., B.D.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

(as at 31/12/63)

Medical Officer of Health, Principal School Medical Officer and Superintendent of the Welfare Services for the Handicapped :
G. A. W. NEILL, O.S.T.J., T.D., M.D., D.P.H., Barrister-at-Law

Deputy Medical Officer of Health and School Medical Officer :
Leon A. Nettleton, M.B., CH.B., L.M.S.S.A., D.P.H.

Senior Assistant Clinical Medical Officer of Health and School Medical Officers :
John K. Butterfield, T.D., L.M.S.S.A., D.P.H.
Clifford G. Oddy, M.B., CH.B., D.P.H. (Terminated 30/11/63)

Assistant Medical Officer of Health and School Medical Officer :
Joan A. Horsfield, M.B., CH.B., D.R.C.O.G.
(Commenced full-time 1/2/63)

Health Visiting Service:

Superintendent Health Visitor and School Nurse :
Miss C. M. Carroll, S.R.N., S.C.M., H.V. Certificate.

Deputy Superintendent Health Visitor and School Nurse :
Miss B. M. Greenwood, S.R.N., S.C.M., Q.I.D.N., H.V. Certificate
(Commenced 14/1/63. Terminated 30/6/63)
Mrs. E. Inman, S.R.N., S.C.M. (PART I), H.V. Certificate
(Commenced 22/7/63)

Senior Health Visitors and School Nurses :
Mrs. M. Lonsdale, S.R.N., S.C.M., H.V. Certificate
Mrs. E. M. Page, S.R.N., S.C.M., Q.I.D.N., H.V. Certificate
Miss J. Witty, S.R.N., S.C.M., H.V. Certificate

Health Visitors and School Nurses :
Miss M. E. Pilling, S.R.N., S.C.M. (PART I), H.V. Certificate
Mrs. K. Tomlinson, S.R.N., S.C.M., H.V. Certificate
Mrs. D. Parry, S.R.C.N., S.C.M., H.V. Certificate
Mrs. E. Inman, S.R.N., S.C.M. (PART I), H.V. Certificate
(Terminated 21/7/63)
Mrs. A. Marshall, S.R.N., S.C.M., H.V. Certificate
Miss J. Royston, S.R.N., S.C.M., H.V. Certificate
Miss H. P. Fletcher, S.R.N., S.C.M., H.V. Certificate
Miss M. J. Peace, S.R.N., S.C.M., H.V. Certificate
Miss M. Stott, S.R.N., S.C.M. (PART I), Q.I.D.N., H.V. Certificate
Mrs. A. T. Saunders, S.R.N., S.C.M., H.V. Certificate
(Commenced part-time 5/6/63. Terminated 19/6/63)
(Recommenced 24/7/63. Terminated 31/8/63)

Mrs. S. Jeffs, S.R.C.N., S.C.M. (PART I), H.V. Certificate	(Commenced 23/7/63)
Mrs. M. Cooke, S.R.N., S.C.M. (PART I), H.V. Certificate	(Commenced 23/7/63)
Miss E. A. Mallinder, S.R.N., S.C.M., H.V. Certificate	(Commenced 1/10/63)

Student Health Visitors:

Mrs. S. Jeffs, S.R.C.N., S.C.M. (PART I)	(Terminated 22/7/63)
Mrs. M. Cooke, S.R.N., S.C.M. (PART I)	(Terminated 22/7/63)
Mrs. J. E. Sweetnam, S.R.N., S.C.M.	(Commenced 1/10/64)

Clinic/School Nurses:

Miss E. A. Hazlehurst, S.R.N.	
Mrs. F. J. Garner, S.R.N.	
Mrs. M. McCobb, S.R.N.	
Mrs. J. E. Sweetnam, S.R.N., S.C.M.	(Commenced 1/7/63)
	(Terminated 30/9/63)

Clinic Nurses:

Mrs. M. Sagar, S.R.F.N.	(Terminated 31/7/63)
Mrs. J. D. Senior, S.R.N., S.C.M. (PART I)	(Commenced 2/9/63)
Mrs. J. M. Hayes, S.R.N. (Part-time)	
Mrs. M. Harris, S.R.N. (Part-time)	
Mrs. B. Barker, S.R.N.	(Commenced 1/4/63)
Mrs. M. Holderness, S.E.N.	(Commenced 2/9/63)

Midwifery Service:

Non-Medical Supervisor of Midwives:

Miss M. M. Moore, S.R.N., S.C.M., S.R.C.N., Q.I.D.N.

Assistant Non-Medical Supervisor of Midwives:

Miss E. S. Simpson, S.R.N., S.C.M., S.R.F.N., H.V. Certificate, Q.I.D.N.

Domiciliary Midwives:

Miss R. A. Chamberlain, S.R.N., S.C.M., Q.I.D.N.	
Mrs. A. Taylor, S.R.N., S.C.M.	
Mrs. G. Bailey, S.R.N., S.C.M.	
Mrs. A. Horne, S.C.M.	
Mrs. M. Owen, S.C.M.	
Mrs. M. Utley, S.C.M.	
Mrs. R. Gray, S.C.M.	
Mrs. S. Amos, S.R.N., S.C.M.	(Terminated 31/1/63)
Mrs. P. M. Dawson (nee Farrell), S.R.N., S.C.M.	
Mrs. K. Leech, S.R.N., S.C.M.	

Home Nursing Service:

Superintendent of District Nurses :

Miss M. M. Moore, S.R.N., S.C.M., S.R.C.N., Q.I.D.N.

Assistant Superintendent of District Nurses :

Miss E. S. Simpson, S.R.N., S.C.M., S.R.F.N., H.V. Certificate, Q.I.D.N.,

District Nurses :

Miss N. Corrigan, S.R.N., S.C.M., S.R.F.N., Q.I.D.N.

Mrs. I. B. McGowan, S.R.N., S.C.M., Q.I.D.N.

Mrs. B. Harding, S.R.N., S.R.C.N., Q.I.D.N. (Terminated 30/6/63)

Mrs G. A. Pollendine, S.R.N., Q.I.D.N.

Mrs. L. Woodhead, S.R.N., Q.I.D.N.

Mr. J. Woodhead, S.R.N., Q.I.D.N.

Mrs. E. Davies, S.R.N., Q.I.D.N.

Mrs. E. M. Micklethwaite, S.R.N., Q.I.D.N.

Mr. J. Jackson, S.R.N., Q.I.D.N.

Mrs. B. McVey, S.R.N., Q.I.D.N.

Mrs. I. Mc. L. Cooke, S.R.N., Q.I.D.N.

Miss M. Turner, S.R.N., Q.I.D.N.

Miss A. Roberts, S.R.N., S.C.M., Q.I.D.N.

(Commenced 6/5/63)

Mrs. H. Jenkinson, S.R.N., Q.I.D.N.

Mrs. J. Shield, S.E.N.

Mrs. S. Burnham, S.E.N.

Mrs. D. Parkin, S.E.N.

Mrs M. McGuinness, S.E.N.

Handicapped Services Department:

Mr. J. Chambers, A.I.S.W., D.P.A., Senior Welfare Officer

Miss E. I. Mitchell, Home Teacher for the Blind

Mr. J. Moore, Home Teacher for the Blind

Mr. H. V. Davis, Home Teacher for the Blind

Miss E. White, Home Teacher for the Blind

Mr. P. McGraynor, Craft Instructor

Miss D. C. Francis, Craft Instructor (Terminated 6/10/63)

Mrs. E. P. Senior, Craft Instructor

Mrs. P. McGraynor, Craft Instructor (Commenced 1/10/63)

Mr. T. H. H. James, Deaf Welfare Diploma, A.M.I.S.W., Welfare Officer for the Deaf

Mrs. H. R. James, Welfare Assistant for the Deaf.

Mrs. J. Winder, Section Supervisor

Miss J. M. Plowman, Shorthand Typist

Miss M. Hutson, Clerk (Terminated 6/10/63)

Mr. S. I. McAllister, Clerk (Commenced 1/7/63)

Miss C. A. Jackson, Clerk (Commenced 4/11/63)

Mental Health Service:

Mr. S. Crossland, Mental Health Officer

Miss E. M. Seabury, S.R.N., S.C.M., H.V. Certificate Mental Health Officer

Miss W. M. Carr, S.R.N., S.C.M., H.V. Certificate, Mental Health Officer

Mr. B. A. Whiteley, Mental Health Assistant

(Terminated 10/3/63)

Mr. S. R. G. Douglas, Mental Health Assistant

Mrs. A. Carretta, Supervisor, Junior Training Centre

Miss M. Outram, Assistant Supervisor (Unqualified)

(Terminated 31/8/63)

Mrs. E. M. Molyneux, Assistant Supervisor (Unqualified)

Mrs. A. Ellis, Assistant Supervisor (Unqualified)

Mrs. M. L. Beardsley, Assistant Supervisor (Unqualified)

(Terminated 3/2/63)

Mrs. S. Helliwell, Assistant Supervisor (Unqualified)

(Terminated 19/5/63)

Mrs. M. Roebuck, Assistant Supervisor (Unqualified)

(Commenced 2/1/63)

Mrs. M. Oxley, Assistant Supervisor (Unqualified)

(Commenced 4/3/63)

Mrs. V. Fowler, Assistant Supervisor (Unqualified)

Commenced 21/10/63)

Domestic Help Service:

Mrs. D. Eyre, I.H.H.O. Cert., Domestic Help Organiser

Mrs. J. Hackney, I.H.H.O. Cert., Assistant Domestic Help Organiser

Mrs. E. Allison, Assistant Domestic Help Organiser

Audiology Technician:

Miss E. Ward, M.S.A.T.

Physiotherapist:

Miss P. R. Powell, M.C.S.P.

Speech Therapist:

Mrs. K. A. Hammond, L.C.S.T.

TABLE VII
RETURN OF HANDICAPPED CHILDREN

New assessments and placements

DURING THE CALENDAR YEAR ENDED 31ST DECEMBER, 1967:—		BLIND	P.S.	DEAF	P.H.	DUL.	MAL.	E.S.N.	EPIL.	S.P.	Total
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A.	Handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes?	boys	—	—	1	3	—	2	17	1	—
	girls	—	—	1	3	—	—	7	1	—	24
	boys	—	—	—	—	—	—	1	—	—	1
	girls	—	—	—	—	—	—	—	—	—	—
B.	Children newly placed in special schools (other than hospital special schools) or special schools or boarding homes?	boys	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—
	(i) of those included at A above	boys	—	—	—	—	—	—	—	—	—
	(ii) of those assessed prior to January, 1967	boys	—	1	—	1	—	2	—	—	4
	girls	—	—	—	1	—	—	—	—	—	1
	(iii) Total newly placed—B(i) and (ii)	boys	—	1	—	1	—	2	1	—	5
	girls	—	—	1	—	—	—	—	—	—	1

Handicapped Pupils awaiting places in Special Schools or receiving education in Special Schools; Independent Schools; in Special Classes and Units; Under Section 56 of the Education Act, 1944; and Boarded in Homes.

AS AT 18TH JANUARY, 1968:—		BLIND	P.S.	DEAF	P.H.	PT.	MAL.	E.S.N.	EPIL.	SP.	Total
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A.	Children from the Authority's area awaiting places in special schools other than hospital special schools	—	—	—	—	—	—	—	—	—	—
	(i) waiting before 1st January, 1967:	(a) day places	—	—	—	—	—	—	—	—	—
		(b) boarding places	—	1	—	—	—	—	—	—	1
	(ii) Under 5 years of age	(a) day places	—	—	—	—	—	—	—	—	—
		(b) boarding places	—	—	—	—	—	—	—	—	—
	(iii) newly assessed since 1st January 1967:	boys	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—
	(iv) waiting before 1st January, 1967:	boys	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—
	(a) whose parents had refused consent to their admission to a special school	boys	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—
	(b) others	boys	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—
	(2) Aged 5 years and over	boys	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—
	(i) newly assessed since 1st January, 1967:	(a) day places	—	—	—	—	—	—	—	—	—
		(b) boarding places	—	—	—	—	—	—	—	—	—
	(b) others	boys	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—
	Total number of children awaiting admission to special schools other than hospital special schools — total of (1) and (2) above	boys	—	1	—	—	—	—	—	—	3
		girls	—	—	—	—	—	—	—	—	2
	AS AT 18TH JANUARY, 1968:—	boys	—	—	—	—	—	—	2	—	—
		girls	—	—	—	—	—	—	—	—	1
B.	(i) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained	day	—	—	—	—	—	—	20	4	59
		boarding	—	1	2	—	—	10	4	2	38
	(ii) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated.	day	—	—	—	—	—	1	2	2	1
		boarding	—	1	—	—	—	—	—	—	8
	(iii) Independent schools under authority.	day	—	—	—	—	—	—	—	—	—
		boarding	—	1	5	—	3	—	1	1	11
	(iv) Special classes and units not forming part of a special school.	day	—	—	—	—	—	—	—	—	3
		boarding	—	1	—	—	—	—	—	—	5
		boys	—	—	—	—	—	4	—	—	4
		girls	—	—	—	—	—	—	—	—	—
C.	Children from the Authority's area boarded in homes and not already included in B above.	boys	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—
D.	(i) in hospitals	boys	—	—	—	—	—	14	—	—	14
	(ii) in other groups, e.g., units for spastics, etc.	girls	—	—	—	—	—	6	—	—	6
	(iii) at home	boys	—	—	—	—	—	9	—	—	9
		girls	—	—	—	—	—	4	—	—	4
		boys	—	—	—	—	—	—	1	—	1
		girls	—	—	—	—	—	—	—	—	—
E.	Total number of handicapped children requiring places in special schools; receiving education in special schools; independent special classes and units; under Section 56 of the Education Act, 1944; and boarded in Homes.	boys	—	2	7	6	51	4	9	62	5
		girls	—	—	2	—	22	4	3	38	3

Number of children subject of new decisions recorded under Section 57(4) of the Education Act 1944

Dental Service:

Mr. J. Kilner, T.D., B.D.S., L.D.S., Part-time Consultant Orthodontist
(Sessional basis)

Mr. G. E. Griffith, L.D.S., R.C.S. (ENG.), Dental Officer

Mr. J. H. Walker, Temporary Part-time Dental Surgeon

Miss P. M. Moran, Dental Hygienist (Terminated 12/4/63)

Mrs. A. E. Swann, Dental Surgery Assistant (Terminated 5/5/63)

Mrs I. Roylands, Dental Surgery Assistant
(Terminated 13/5/63)

Miss R. Sharp, Dental Clerk

Mrs. R. F. Stringer (née Killingbeck), Dental Surgery Assistant
(Commenced 20/5/63)

Miss S. C. Roberts, Dental Surgery Assistant
(Commenced 5/6/63)

Chiropody Service:

Mr. A. A. Aldam, M.CH.S. (Sessional basis)

Administrative and Clerical Staff:

Mr. B. Payne, Administrative Assistant and Chief Clerk

Mr. J. Faulkner, Senior Clerk

Mr. K. Holling, M.R.S.H., M.R.I.P.H., Diploma Health and Welfare Administration, Records Officer.

Miss J. Owen, Senior Shorthand Typist (Commenced 1/2/63)

Mrs. S. Clarke, Clerk-Typist

Mrs. B. Ramsden, Clerk

Miss E. A. Corker, Clerk

Mr. D. Orr, Clerk

Mrs. M. Mosley, Temporary Shorthand Typist
(Terminated 1/2/63)

Miss J. Walker, Clerk, Care of Mothers and Young Children

Mrs. B. Oldfield, Clerk(Care of Mothers and Young Children
(Terminated 30/6/63)

Miss C. A. McKenning, Clerk, Care of Mothers and Young Children

Miss S. Wildsmith, Clerk, Care of Mothers and Young Children

Mrs. E. Stephenson, Senior Clerk, School Health Service

Miss N. Wade, Clerk, School Health Service

Miss J. Wildsmith, Clerk, School Health Service

Miss C. Jennings, Clerk, School Health Service
(Commenced 17/6/63)

Sanitary Service: